STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED X 13 1981 Howard Campbell 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY 9:20 PRONOUNCED 28 1919 Male White 62 DEAD 15 18 D.M TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland DIVORCED Prince George's County WIDOWED [IB CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS. for most of working LIFE)

Retired Prince George's Gen'l. Hosp.-DOA Fed. Gov't. Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Ft. Washington 134 INSIDE CITY LIMITS? 13001 Monroe Ave. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Curtis William Campbell Flossie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Wash D.C. (YES, NO. OR UNKNOWN) 215-14-1413 Virginia Campbell 3140 Wisc. Ave. N.W. ves 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Carcinoma of stomach with metastases and IMMEDIATE CAUSE (a). Canditions, if any, which recent perforation gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION DEPARTMENT OF HEAL I PRIOR TO BURIAL, CR 190 DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? (body only) E CHIEF BE USED 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR YO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 270 I certify that I took charge of the remains described work had you Inspection Natural couses X death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) 7-16-81 DATE Assistant SIGNATURE EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 7/20/81 P.G. Maryland Veteran Cemetery Md. Cheltenham 750. DATE REC'D. BY REGISTRAR IN CONTRACTOR OF STATE OF S 24 FUNERAL DIRECTOR **DHMH-17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md. (VR A15 ME (5) 15M 2/80

1 18 18:3 t. wastington x /3.05 Mentes No. illim :. Tomili 215-1 -1 13 Vinding Catalog 31 Vice, W. -aurotient yenteen nerste entry 17/02/7 Limit C. D. Julye 6160 uxon Hill d. uxon Hill, M.

				MARYLAND		
11	FOR - STATE			H AND MENTAL HYGIEI	25	9 1 5 9
	REGISTRAR	MED	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	
	TYPE OR PRINT)	ing Alice	Carrol	LAST	OF ESTI- DEATH MATED 7	13/ 198/ 75. HOU
35	emoli 8/4	S. DATE OF BIRTH MONTH DAY 3-2-/	6. AGE (IN YEARS IF U LAST ARBIHDAY) MON YRS.	NDER 1 YR. IF UNDER 24 HRS.	PRONOUNCED DEAD	3/ 10 8/ S
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WH		RIED NEVER MARRIED	Prince City of CO	
	CITY OR TOWN OF DEATH		TITAL, NURSING HOME, OR OTH	FOR	SUAL OCCUPATION ITYPE OF WORKING LIFE) HOUSEWIFE	
1St 3s.	UAL RESIDENCE (IF IN NURSIN STATE 13	NG HOME OR OTHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSION) 13c, CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. ST	REET ADDRESS	SHEWIEN.
=	FATHER'S NAME	Prince George		YES NO 15. MOTHER'S MAIDEN NAM	512 Able Ave.	
	Edward WAS DECEASED EVER IN	WIDDIE	Gross 166. SOCIAL SECURITY NO.	Sophia 17. INFORMANT	ADDRESS	Johnson
100	YES, NO, OR UNKNOWN) IF	FYES, GIVE WAR OR DATES)	217-46-9242	Frank Carroll		. Capitol Hgts
Z		y, which mediate to the under-	AS A CONSEQUENCE OF	SE OR CONDITION GIVEN IN PART 1 (a).		
CERTIFICATION	19a. DATE OF OPERATION	ON 196 CONDITI	ON FOR WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?
		HOUR A.M.	INJURY MONTH DAY YEAR	IOW INJURY OCCURRED LENTER	NATURE OF INJURY IN ITEM 18 PART 1 C	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WI AT WORK AT WOR		F INJURY AT HOME, 211, LC DRY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I to death resulted from:	Natural causes	Accident , Suicide	Hamicide Unde	etermined manner ,	y opinion STE 7-31-81
02	EXAMINER'S NAME (TYPE OR PRINT)	<u> </u>	odriguez, M.D.	ADDRESS	urn Ct., Templ	e Hills, Md.
	BURIAL, CREMATION, REM (SPECIFY) Burial	Aug. 05-81	St. Edmonds	CIT	ocation rortown esapeake Beach	Calvert, Md.
	FUNERAL DIRECTOR NAME Dencer E. Se	well Box 31.	Prince Frederi	ALICS	Y REGISTRAR 250 EGISTRAN	SIGNATURE Discolor Von

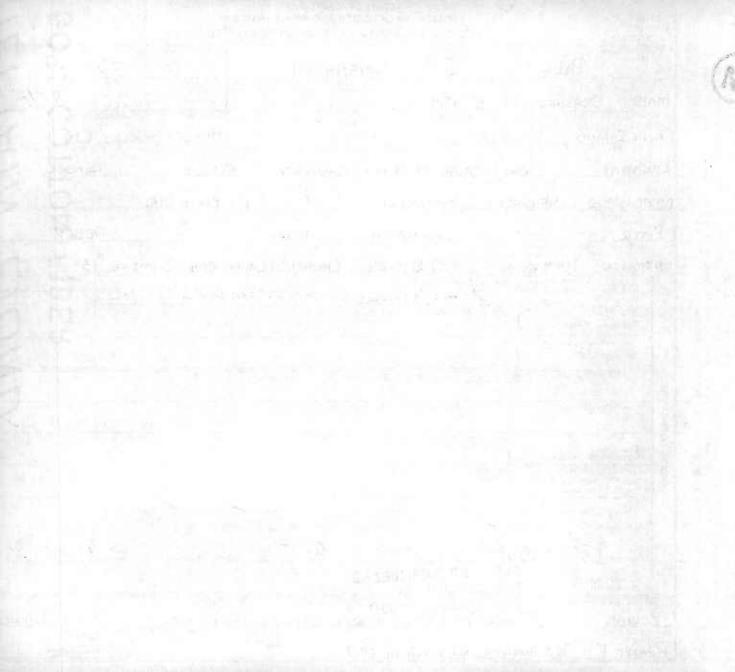
Paryland Capitol Hats, Mic Able ave. Bardand Prince Course Carted Lyte, Warner Louis Ave. product fortest to the first the state of the barrier of the barri Burial Aug. 05-611 3t. : Quomet Unr. Um. . (Gengorale Leach, Galvert, Md.

Spencer m. Sewell Box 31, Prince Frederick

15	RI	OR 8/11 TATE 8/11 EGISTRAR I	/81 AI tem #8 I	Film ME	DEPARTA	AENT OF H	EALTH		NTAL H	FDEAT	H.	REG. N	1 9	1 6	0
Waterdan	(TYPE	OR PRINT)		MAS	MIDDLE	Ε.		CARRO	TT	20	Or	KNOWIX1	_	DAY YEAR	26 HOUR
	3. SEX	4.	RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	s I IF UN		IF UNDER 2	24 HRS 20		MATED [MONTH	27-812 YEA	A 12 5 8 UR
例)	n	male	black	Octobox	20 10	LAST BIRTHDAY) MONTH	DAYS	HOURS		ONOUN	CED	7 (a _M
in	70. BIR1	THPLACE (STATE		October	HAT COUNT	TRY?	AAADDU	NEVE NEVE	ER MARRIE	00 9	BALTIM	ORE CITY		27-819	
11		shingto	n.D.C.	USA			WIDOWI		DIVORCE		Princ	e Ger	roge's	Count	y MD.
4	Chev	verly		11. NAME OF HO (IF NOT IN SUCH F Prince	ACILITY, GIVE STI	s Co.	Hos			FOR MO	ST OF WORK		PE OF WORK	0R INDU:	
10	USUAL 130. STA	RESIDENCE (IF	IN NURSING MOME C	OR OTHER INSTITUTION, G	13c. CITY	OR TOWN	۷) ا	13d. INSIDE CITI		13e, STREE					
1	0,1				Washi	ington,		YES X	NO 🗆	25	7 Ha	waii_	Avenu	e. N.E.	
01	14. FAT	HER'S NAME FIRST		MIDDLE	L	AST		TS MOTHER				DDLE		LAST	
4	14a W/	Harold	W. Car	roll	144 500	IAL SECURITY	NO	17. INFORMA	Este	11a O	wens	ADDRES			
3	(YES,	, NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES)	-								25/	Hawaii	
		Yes It cause of i	Natio	nal Guard ly one cause per lin		-88-973	3 1	Estel	Lla Ca	arrol	1/Mo:	ther/	Was	hington	D.C.
		PART I DEA	TH WAS CAUSED			e blun	t in	iuries						BETWEEN ON	SET AND DEATH
	145	8/4	IMMEDIA	L CAOSE (O)		SEQUENCE O									
KEY	-		if any, which to immediate	(b)											
			ating the under-		R AS A CONS	SEQUENCE OF	F								
-013 -L3 46-2		PART 2 OTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELAT	EO TO THE TERMIN	AL OISEASE	OR CONDITION (GIVEN IN PART	1 101					
1	ATA I	19a. DATE OF O	PERATION	196 COND	TION FOR W	VHICH OPERA	TION WA	S PERFORM	AED?					20 AUTOPS	Y?
	CERTIFICATION	Linene												YESXX	NO 🗌
>		INDERLYING		216. TIME O HOUR_A.A	F INJURY	DAX _ YEAR	21c. HO	W INJURY C	OCCURRED	(ENTER NA	TURE OF IN A	CAT .	PART I OR PA	RT 2)	
)			OR CAUSE OF D		M 7-26		ped	estria	in str	uck	by -c-	onvoy.	-vehi	cle	
	WED 2	TI. INJURY OC WHILE		STREET, FAC	OF INJURY	(AT HOME,	21f. LOC			- D1	ITY OR LOW	N 205	T. COL	dŏ, Mar	1 ostati
1	1	WHILE AT WORK	AT WORK	ram	h		palt		ingro	n PK	wy . Ki	493	Taxe	uo, mar	yrand
		22a. I certify	that I took charg	e of the remains de		-	Autops	XX	Inspection		Inquiry	ar	nd in my op	nnian	
0		death resulted	from: Natur	rol causes .	Accident	XX Suic	ide .	Homicid		Undeterr	mined mai	nner .			
		ACTUAL	Lewin	to mos	Kno on			TITLE (SPE					DATE	7 07	0.3
-	S	SIGNATURE	hork	THING:	1 - EN	_	M.	Assi	stant	MEDIC	AL EXAM	INER	SIGNE	7-27-	81
1		XAMINER'S NA	Mars Mars	garita A.	Kore1	1, Ass	t.	DDRESS	111	Penn	Stre	eet			
		RIAL, CREMATIC	ON, REMOVAL 2			AME OF CEMI				23d LOC.			COUP	170	
	Ru	rial		ug. 1.198	RI HAD	MONY 1	MEMOF	RIAL P	ARK	LANE	OVER	P.		Maryla:	nd
	24 FUN	PERAL DIRECTO	T. Rhin	es CO ADDRESS			St. N	1.E. 25	Sa. PAL RE	30 BY			ISTEMAS S	IGNATURE	
						ington						10000	- Jane	-March	2

- The state of the Taller, country that the country was a fell of

4 1/	-1 -					MARYLAND		
10	1-	FOR STATE				AND MENTAL H	()	9 6
		REGISTRAR	MI	MIDDLE MIDDLE	MINER'S	CERTIFICATE O	F DEATH REG.	
		DE OR BRINTI			0	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 76 HOUR
(44)		Paul		B	CAVA	HOUGH	OF ESTI- DEATH MATED	1/23 1981 M
(1)	3 SE		5. DATE OF BIRTH		(IN YEARS IF U	NDER 1 YR. IF UNDER	24 HRS. 26. DATE	MONTH DAY YEAR 26. HOUR
99950		ALE CACASIAN	oct 5		O YRS.		DEAD	1/23 198/17 M
SE S	/ PC	OREIGN COUNTRY)	4 4 4 5 5 5 5 5 5	VHAT COUNTRY?	8 MARR	ED NEVER MARRI	ED . BALTIMORE CITY	OR COUNTY OF DEATH
AND STANK		ODEISAND	USA		WIDOV		11111-00 010	ORGES Cty. MD.
O THE PAGE SOIL	7	ITY OR TOWN OF DEATH		SPITAL, NURSING H	RESS)		FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
21201 ANY DELAY III AND 3 TO THE RETAIN PAGE HOULD BE FILE RECOKDS, 201	2 16	MAMA	DR'S HOSE	DITAL OF A	RINCE GE	crees Cty.	RETIRED	LUMBER CO.
ANY E ANY E AND 3 SECORE	130.5	AL RESIDENCE (IF IN NURSING HOME STATE ID COUR	1TY	13c. CITY OR TO	UMISSION) WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
APA APA	OKh		UMON	PAWTUCK	EII	YES X NO	118 BAULT STR	
M 200 V 200 V 200 V	14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
DEATH DEATH MA PM AND 2	7	ETER		CAVANA	REH	17. INFORMANT	-	ABBEY
ALTIMA AFTER IVE PA H FOR ISION	2 100.		WAR OR DATES)	166 SOCIAL SEC			ADDRE	44
PAC GIV INIS			NWOI	039-10-0		CARMELITA (HUANAUGH SAT	ME AS 13E
ST., OUR MIT.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per // DBY:	1-20).)	randista	24. land /111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON SERVAL		1/ 5 G O IMMEDIA	TE CAU	and sell	-	uniono pu	o euro pun	
HY AND WAST		Conditions, if any, which	U. Dansonna	R AS A CONSEQUE	NCE OF			
NATAL TAL	-	gave rise to immediate cause (a) stating the under	/ (b)	R AS A CONSEQUE	ICE OF			
MED NEW PE		lying cause last.	DUE 10, 0	K AS A CONSEQUE	NCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA RITING THE WORD "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1, 2, AND 3 TO PEDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN P. E3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE IT EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN RECORDS, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT BELLETED TO TH	IT TERMINAL OICEAN	T AR CONDITION CHEN IN BA	5v 1	<u> </u>
CORE ADINA SA BE SSA B SSA B SSA B	Z	TAKE E DINCK STONICKERY CONDITION.	CONTRIBUTING TO BERT	BOL WOLKETHIED IO IN	IC ICAMINAL UISCA:	SE OR COMULITOR GIFER IN PA	K[1 (0).	
TAL RECCHOULD BE RD "PEND HIEF MEED USED AS OF HEALT RIAL, CREALT RIAL, CREALT CREALT CREALT CREALT CREALT CREALT CREAT	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED?		20 AUTOPSY?
SHOULD ORD "PE ORD "PE ORD "PE ORIEF N CHIEF N	2 5							YES NO E
W S S S S S S S S S S S S S S S S S S S	E E	21a. EXTERNAL CAUSE WAS	216. TIME C			OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	
CERTIFICATE TING THE W SE FOU THE DEPARTMENT PRIOR TO THE		UNDERLYING OR CONTRIBUTING CAUSE OF			YEAR 9			
ISIO TO TO TO TRIE	MEDICAL	218. INJURY OCCURRED	21e PLACE	OF INJURY (AT HO	ME, 21f LC	CATION		
DIV THIS CI WARDE VARDE TATE D	Z.	WHILE NOT WHILE	STREET, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REL BIVER: THIS CRTIFICATE SHOULD FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A I THE STATE DEPARTMENT OF HEA JAND, 21201 PRIOR TO BURIAL, C.								
A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	1	22a I certify that I took char			_			and in my opinion
EXAMI CERTIFIC DIRECTION BE WITH		death resulted fram: Natu	ral causes	Accident,	Suicide	, Homicide	Undetermined manner	
A A SUBJECT AND		ACTUAL TRUEN	A Hotel	mensel		TITLE (SPECIEY)		DATE 7-23-81
SHE SHE		SIGNATURE	AUGUST	de possion	^	1	MEDICAL EXAMINER	SIGNED
TO MEDI EXECUTE PAGE 4 TO FUNE BALTIMO	1	EXAMINER'S NAME (TYPE OR PRINT)	5000 PA	ROORIGI	JEZ MO	ADDRESS		
TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STEATHMORE, MARYLAND, 2	23a. B	BURIAL CREMATION REMOVAL	236. CY AMP SP	DINIAME DIAME	E CEMETERY C	ADDRESS OR CREMATORY	23d. LOCATION	
BP	1	BURIAL	27 July 19	RINGS MOS	0031	S CEMETERY	Pay THE VICET	Rhode Island
	24 F	UNERAL DIRECTOR	001911	51 [1111]	111171129	254 1241		GISTBAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	C	PANT F.H. 90B	ANNDON	Rd. Loubs	n Md	7.11	19 1 1001 Alan	u farllistlen
15M 2/80	7	7,1,1,1,0		THE PARTY OF THE P	77 1 1100	-717		



	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	9 1 6 2
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3 SE	Danie	I J.		ecchini DE BIRTH	July 6 AGE (IN YEARS LAST BIRTHDAY)	30, 1981 3:46 PM
	3 35	Male	Caucasian	Nov.	H DAY YEAR	58 YRS	MONTHS DAYS HOURS MIN.
e luce		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
5		ash., D. C.	U.S.A.	WIDOW		Prince Georg	MD. 12b. KIND OF BUSINESS OR
Se diffe		Clinton	Southern Maryla	and Ho		(TYPE OF WORK FOR MOST OF WORKING	
35	130. 3	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NIY 13c. CITY OR 10y George Oxon Hi		13d. INSIDE CITY LIMITS? YES TO D	13e. STREET ADDRESS 804 Crawfor	d Street
30 Kg Mine	14 F/	Nichola	MIDDLE Cecchi	ni	15. MOTHER'S MAIDEN NAM		Labrati
medicol		MAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV YES WW	RMED FORCES? 166. SOCIAL SECTION (1981) 212–20–2		Virginia L.	Cecchini Oxon	awford Street Hill, Maryland
ury, or ather traumatic eve	2	Conditions, if ony, which gove rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	IENCE OF	Lon Can La,	INAL DISEASE OR CONDITION G	SIVEN IN PART 1(0)
ows any inj	CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{VES} \)
ет 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	
marked ar #	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma			ottended the deceased from 19	81.	nd that in (my) (com) aprinion of	death occurred on the doc and h	our and from the couses stated
NT. # Fe		22b. SIGNATURE	you gens M.	D.	_	MEDICAL STAFF DIRECTOR PHYSICIAN	7-30-81
MPORTANT: #		Kai-Yiu Y	V)		6525 Belcres	t Rd. #460 Hya	ttsville, Md. 2078
≤		Burial, cremation, removal (specify) Burial			EMETERY OR CREMATORY Veterans Cem	23d LOCATION CITY OF TOWN	COUNTY STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Burial 8/3/81 Maryland Veterans Ce 4 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250 D George P. Kalas Funeral Home Oxon Hill, Md.

Cheltenham Pr

icloso T. Current July 30, 1801 3:06 L wash., b. C. U.L.s. Clinton Conthern Feryland mongital Centur Milester Military Faryland ir. George Com mill r coll Omwhard Concet ominitis inicocco i bareday. Nai-Yiu Yang, N.A. A. S. S. Malarent Md. 4160 Yeathwille, Md. Buriol Continue to the Continue Continu

. H THE HOVE OUT

George P. Molog Janeral acte Oyon Mill. Md.

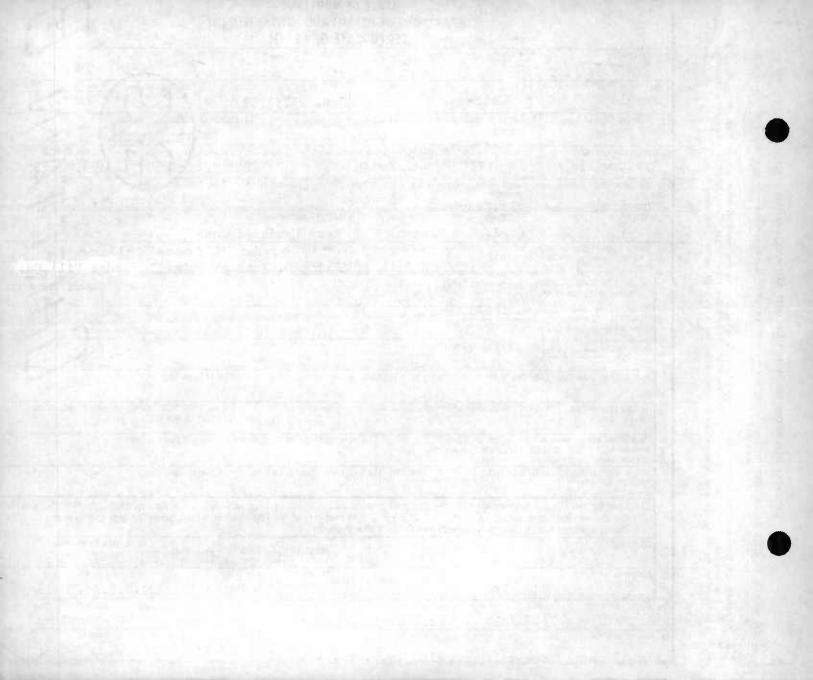
*		FOR				YGIEND	1 7	
	1	REGISTRAR Ah Noon C	theng ME	DICAL EXAMINER	S CERTIFICATE O	F DEATH REG.	. NO.	9 0
% % % £ £	I DE	CR PRINT) A FIRST	NOON	Chang	LAST	20. DATE KNOWN OF ESTI- DEATH MATED		91
E E E	3. SEX	Whe Chines	S DATE OF BIRTH	100.00	MONTHS DAYS HOURS	24 HRS 20 DATE PRONOUNCED DEAD	7-4	8/1/
	FO	RTHPLACE (STATE OR LEIGH COUNTRY) UKien, China	76 CITIZEN OF ST. Permanent		ARRIED NEVER MARRI	- IN ARAGE	COUNTY OF DE	TH .
		ON /fill		PITAL, NURSING HOME, OR JULY, GIVE STREET ADDRESS!	Street	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) Ret. Seaman	OR IN	OF BUSINE IDUSTRY
F ANY D AND 3 RETAIN HOULD	114.5	L RESIDENCE (IF IN NURSING HOME ATE P.G		ve residence before admission) 13¢ CITY OR TOWN Oxon Hill	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	hill Street	
AD STATE	1	Sing Yi Chen		LAST	15 MOTHER'S MAIDE KO Kan	Yin	LAS	
BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM DIVISION OF	(Y)	(AS DECEASED EVER IN U.S. AF S. NO, ORUNKNOWN) (IF YES, GIVI NO	E WAR OR DATES)	217-94-4559	Chung Chu	emple Hills, Mo Cheng-sOn 460	d. 20031 04 Cedell P	1.
THIN 24 HC IL IN ITEM 1 JER ALONG INSIT PERMI		Canditions, if any, which	h DOETÓ, OR	AS A CONSEQUENCE OF				
301 W. PRESTO CUTED WITHIN 2 IN PENCIL IN II LEXAMINER ALL URIAL-TRANSIT P ID MENTAL HYG		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(c)	AS A CONSEQUENCE OF	VISEASE DR CONDITION GIYEN IN PAI	RT 1 (a).		
RECORDS, 301 W. PRESTO LID BE EXECUTED WITHIN IS PENDING" IN PENCIL IN III F. MEDICAL EXAMINER ALL ED AS A BURIAL-IRANSIT P HEALTH AND MENTAL HYG REMATION. OR REMOVAL.	ICATION	Canditions, it any, which gave rise to immediate cause (a) stating the <u>under</u>	DUE TO, OR (b) (C) (C) (C)	AS A CONSEQUENCE OF		RT 1 (a).	20 AU1	_
RECORDS, 301 W. PRESTO LID BE EXECUTED WITHIN IS PENDING" IN PENCIL IN III F. MEDICAL EXAMINER ALL ED AS A BURIAL-IRANSIT P HEALTH AND MENTAL HYG REMATION. OR REMOVAL.	AL CERTIFICATION	Canditions, if any, which gave rise to immediate couse (a) stating the under lying cause last. PART 2 DTHER SIGNIFICANT CONDITION: 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR	DUE TO, OR (b) (c) 196 CONDITION (216 TIME OF HOUR A.M.	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D TION FOR WHICH OPERATIO TINJURY MONTH DAY YEAR	ON WAS PERFORMED?	RT 1 (a). D LENTER NATURE OF INJURY IN ITEA	YES	
DIVISION OF VITAL RECORDS, 301 W. PRESTO S CERTIFICATE SHOULD BE EXECUTED WITHIN 2 RITING THE WOORD "PENDING" IN PENCIL IN III RDED TO THE CHIEF MEDICAL EXAMINER ALE RE 3 SHOULD BE USED AS A BURIAL-TRANSIT P E DEPARTMENT OF HEALTH AND MENTAL HYG I PRIOR TO BURIAL.	MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a) stating the under lying cause last. PART 2 DTHER SIGNIFICANT CONDITION: 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS	DUE TO, OR (b) (c) S (DNTRIBUTING TO DEATH 196 CONDIT 216. TIME OF HOUR A.M. DEATH 21e PLACE (AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D TION FOR WHICH OPERATIO TINJURY MONTH DAY YEAP. 19	ON WAS PERFORMED?		YES	
DIVISION OF VITAL RECORDS, 301 W. PRESTO EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN III ULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT P WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYG ARVIAND, 21201 PRIOR A O BURIAL, CREMATION, OR REMOVAL.		Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause lost. PART 2 DTHER SIGNIFICANT CONDITION: 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that I taak chardeath resulted fram: Nature Cause of Contributions of Cause Of Ca	DUE TO, OR (b) (c) SCONTRIBUTING TO DEATH 19% CONDIT 21% TIME OF HOUR A.M 21% PLACE C STREET, FACT	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D FION FOR WHICH OPERATIO FINJURY MONTH DAY YEAP. 19 DF INJURY (AT HOME, 21) ORY, FARM, ETC.)	It. HOW INJURY OCCURRED I. LOCATION STREET Lutopsy , Inspection Hamicide ,	D LENTER NATURE OF INJURY IN ITEM	COUNTY and in my apinian	
AMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 SERIECATE, WEITING THE WOORD "PENDING" IN PENCIL IN 11 D BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALD RECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PATH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGO RIAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	Canditions, if any, which gave rise to immediate couse (a) stating the under lying cause last. PART 2 DTHER SIGNIFICANT CONDITION: 19a DATE OF OPERATION 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING ATWORK AT WORK 22a I certify that I took char	DUE TO, OR (b) TO DUE TO, OR (c) 196 CONDITION TIME OF HOUR A.M 216 PLACE Tree of the remains desural causes Ural causes	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL D TION FOR WHICH OPERATIO FINJURY MONTH DAY YEAP 19 OF INJURY (AT HOME, 21) CONTY, FARM, EIC.) CONTY, FARM, EIC.)	It. HOW INJURY OCCURRED It. HOW INJURY OCCURRED IT. LOCATION STREET Utapsy Inspection ITILE (SPECIFY) Deputy Addres 5009 Ra	D LENTER NATURE OF INJURY IN ITEM	COUNTY and in my apinian DATE SIGNED 2	4-8

STATE OF MARYLAND

A A SHOW WELL AND A The first of the section of the sect Occur Hill Street renk Y her 217- 1- 000 300 300 - 000 10 10 10 31 11 The state of the s 7-15-01 20-11-30-11

Let Tune wil Lone 3dt -4th FE. M.P. Man. J. J. 2002

V1		STATE OF MARYLAND
12	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 6 4
1. 2		CERTIFICATE OF DEATH
pe	, Q.	
may	State Dept	
4	tot.	LICELLE CITITITE CONTRACTOR OF THE CONTRACTOR OF
Page	the S	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 YEAR I IF UNDER 24 HRS.
	2	Female White Jan. 17,1889 Spirithdoy) YRS. MONTHS DAYS HOURS MIN.
e e e e e e e e e e e e e e e e e e e	funeto de with 2	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
after death.	(See 35	Country) Iowa USA WIDOWED DIVORCED Prince George Md
	E	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
21201 24 haurs	filled in by do 2 should by greeffer death	Hyattsville giv 590 Iddres 24th Avenue during mestatistician retired.) Agr. Dept.
21 24 1	share d	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
NA C	12427	odmission) STATE 13b. COUNTY Hyatts. YES NO 6901 24th Ave.
NRYLANI within	ond ond	Maryland Pr. George Hydres. 114. FATHER'S NAME First Middle Lost 115. MOTHER'S MAIDEN NAME First Middle Lost
WA ba	campletely ages 1 an	T. Description
AORE, MJ executed	Pages	I WIIIIam Para Maria Modeson
WO exe	1	(Yes, no, or unknown) (If yes give war or dates of service)
P eq	papers.	No None 214 52 3914 William B. Rosson(Nephew) Milledgeville, Approximate interval
STREET, B/	U 2	18. CAUSE OF DEATH (Enter only one couse per line for (o), /b), ond (c).) PART I. DEATH WAS CAUSED BY:
HEET PHICE	corbon ony ev	IMMEDIATE CAUSE (0) Cermual Incumana 9 days
STR	- e - i	DUE TO, OR AS A CONSEQUENCE OF
No to	attendin remove , and in	Conditions, if ony, which gove (b) be evelval Vascular account with
EST de	0 ,	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
# #	py the please remaval.	10st. (1) legitial affindelines 3 years
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 G PHYSICIAN: The low requires that the death certificate be executed within 24 hour		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
98	signed	
DS,	been sign t permit. cremation.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.)
90	beer 7	YES NO CAUSES OF DEATH?
I REC	rysician.	
ITA The	physicion ate has ol-transit burial,	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
F 2	0 - 0	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
N O	erti e br	
ISIG	ottending his certifi is the bur e priar to	ot work of work 22a. I certify that (I) (this hospital) attended the deceased from 19/10, to 1/3/2, 19/8, that (I) (we) last
> 0	or of the office	saw the deceased alive on 1984, and that in (my) (eur) opinian death accurred on the dote and hour and fram the
DO	Affe r us Hyg	causes stoted obove, (1) (we) (did) (did not) view the bady ofter death.
	haspital IOR: Aft ed for u	226 SIGNATURE /
~ ~	DIRECTOR: OPECTOR ON Mento	M/Q DEGREE PHYS DIRECTOR DIRECTOR DIPHYS. D 7/22/8/
9	the detail	22d. PHYSICIAN'S! NAME (Type) Hugh Trey 11161 New Hampshire Ave S S Md
TAL	Pe Pe	NAME (Type) Hugh Irey 11161 New Hampshire Ave.S.S.Md.
HOSPIT	FUNERAL FUNERAL Pould be Health	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
100	sho of 1	Buria Specify 7/27/81 Ft.Lincoln Cemetery Brentwood PG Maryland
.580	-	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	H - 16 3/72 25M	28 100
reh	(VR A15 (4))	Hines/Rinaldi Funeral Home 11800 N.H. Ave. S.S. Mail 1800 Mine January



10	1	FOR - STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 1	9 1 6 5
	54	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m c		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge S		James	CI:	AY	July 22, 1981	1:51a M
D	3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
- (1)		Male	Black	Feb. 3, 1950	31 YRS	
9 to 10 to 1	(RTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	TY OF DEATH MD.
201 rs after by the filed will	L	ITY OR TOWN OF DEATH anham	Doctor s Hosp		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING UPS Drive	
AND 212	13a. S	STATE 130 COUN	other institution, give residence before NTY 136. CITY OR TOW		13e. STREET ADDRESS 6011 Emerson	n Street
MARYL, ted withii ond 2 st		olla Clay	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Nazarea	MIDDLE	LAST
ore conditions and conditions and conditions and conditions and conditions are also also also also also also also also	16a. V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST		ADDRESS	
TIMC		YES NOOR UNKNOWN) (IF YES, GIV	163 40	1615 Charles C	lay-brother-2	-0-5
Tr. BAL trificate physicii moaper went, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and D BY: TE CAUSE (a)	Carles as	inect.	BETWEEN ONSET AND DEATH
STON S		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF CALL		E. Mak
that the of the		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	24	o very in me.
RDS, 20	NOI	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO E	SEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
AI RECO	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
OF VIIT. OF PRICIAN: 1 g physic entificate rial-trans mall Hyge mall strong ma		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO	i, PART I OR PART 2)
DIVISION ING PHYS After this of as the bur Ith and Me arked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATENDIN spital ar CTOR. Af for use of for use of Mealth		saw the deceased alive an	tal) attended the deceased from 19 \$\frac{1}{2}\text{ view the body after death.}	, and that in (my) (our) opinion	death accurred on the date and ha	, 19 that (I) (we) lost our and from the causes stated
OR A DIREC ached Dept.		22b. SIGNATURE	(14.0) 0	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
SPITAL d by ti NERAL be det e Stote		22d. PHYSICIAN'S NAME TO BE	RINT)		DIRECTOR PHYSICIAN	7/27/81
TO HOSI		15	Acis c. Mesh	21 3700 EAST	UST Hosles Heat	dulle, and 20782
400 BP	230 B	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
0 .	24 FL	Burlal/	India 22, 1201-1	Harmony Mem.Par	k Landover, I	
DHMH-16 30M 2/80 (VRA 15, 4)		ewart Funera	1 Home COOL B	nning Pd N B	3 1 1981 Man	1 Qualliste

1001 .12 vist payormodial sons yes Contract section alist of mean one well as that the Die Hall, Tevorian Staller Luno et Paul, Taller de Rei de Rei electric distriction of the second states of

1 - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	19166
1. DECEASED NAME FIRST (TYPE OR PRINT)	EUGENE DOLOR	CLOUGH	20. DATE OF DEATH MON	07-31-81 3:45A
3. SEX MALE Fenale	White	5 DATE OF BIRTH MONTH DAY YEAR 1 20 33	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X WIDOWED DIVORCED	PRINCE GEORG	
CHEVERLY	PRINCE GEORGE'S	GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORK Never wor	
Md.	OUNTY 13c. CITY OR TOW	ville YES NO		Ave.
14. FATHER'S NAME FIRST Lyle	A. Cloug		MIDDLE W.	Clark
160, WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) YES (IF YES	S. GIVE WAR OR DATES)	7260 Mrs. Karen	Clough	
PART I. DEATH WAS CAL	er anly one couse per line for (o), (b), and USED BY: DIATE CAUSE (o)	rotory Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which		e metablishe as	deno rocinor	·a
gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		rite unknow	
	nt conditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	DN GIVEN IN PART 1(0)
190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	DEATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER MATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
E ALTON		7/13 10 81		1987 , that (1) (we) last
22a I certify that (1) (this has saw the deceased alive		C-1	death occurred on the date o	nd hour and from the couses stated
sow the deceased alive obove. If (we) (did) (did)		DEGREE ATTENDING	MEDICAL STAFF	nd hour and from the couses stated 22c. DATE SIGNED
saw the deceased alive	7/3/ 19	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	nd hour and from the causes stated
sow the deceased alive above, (ii (we) (iid) (dr.	not) view the body after death I RECEING A E OR BEINT) E OR BEINT)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	nd hour and from the causes stated 22c. DATE SIGNED 7/3(F)

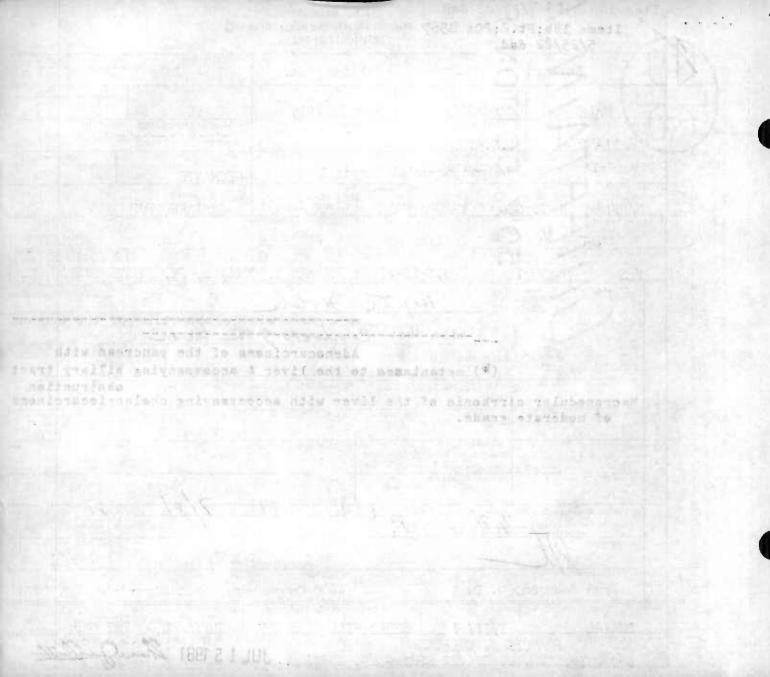
-8-

	PRINCE REORGE				CHEVERLY
de la	Nach sovet				
.es			R GEORGE'S		
	ME MANE I DE				
W. Harn			and the		.538
	.37	metror.	d work	2.	ofy
	ים בוברות	DEAT . NOW . NAME	ter Israel		agy

Balto., 'd. ada.au

PRINCE GEORGE'S GENERAL HOSPITAL

poge 3		ECEASED NAME LE OR PRINT) Be	rnard	L.	DOLE		lins, Sr		o. DATE OF DEATH ${f J}$	uly 8,		26 HOUR 3:00
pog ter de	3. S	X	4 RA	CE		5. DATE C			AGE (IN YEARS LAST B		F UNDER 1 YEAR	IF UNDER 24
100 21	1	MALE		AUCAST		MAY	19,1919	YEAR	62	YRS	DATS	HOURS
		IRTHPLACE (STATE OR COUNTRY) MARYLAND	u.	ITIZEN OF WI	HAT COUNTRY?	MARRIEI WIDOWE	NEVER MARI	RIED	BALTIMORE CITY Prince G	orcounty of eorge's	OF DEATH	
1	3 F	ity or town of DE. iverdale	/ Í	Leland	Memoria	I Hos	PITAL		OUSUAL OCCUPA TYPE OF WORK FOR MOST MECHANIC		12b. KIND (INDUSTRY	OF BUSINES
filled in rould be	5 USU	AL RESIDENCE (IF NUR STATE MARYLAND	OME OR OTHER LOS COUNTY		AKOMA PA		13d INSIDE CITY L	IMITS?	e. STREET ADDRESS	D TOP F	ROAD	
ond 2 st	7 14.1	ATHER'S NAME FIRST WINTER	MIDDLE		OLLINS		15. MOTHER'S MA		WIDDLE	G.	Č	ÖLLINS
Poges 1		WAS DECEASED EVER	IN U.S. ARMED F	FORCES? 1	66 SOCIAL SECU		17 INFORMANT	SON	ADDI	412	2 IRWI	N STRI
rs. Po		YES	WW II		578-18-	-2190	BERNARD	L. CO	LLINS, JR	. SILVE		
r the attending physis remove corban paper remotion, or removo ther traumatic event,		Conditions, if ony gove rise to improve to statistical course to statistic course to the course to t	, which mediate and page the	DUE TO, OR A	AS A CONSEQUE	ENCE OF		cinema	tobstone the three	pancre	the	th.
has been signed by the ottending physic permit. Then please remove carbon poperer prior to buriot, cremation, or removo ows any injury, or other fraumatic event,	TIFICATION	Conditions, if any gove rise to imi	, which mediate last. D	DUE TO, OR A DUE TO, OR A OUTTONS CON The St	Hep. AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE ATRIBUTING TO E AS OF the Consequence of t	ENCE OF CENTER OF THE BUT HE li	Adenocar the li	cinema ver & the termin	a of the	pancre nying handition Give chelan	the willian	ith y tre action arcine
nos been sign it permit. Then iene prior to bu	CAL CERTIFICATION	Conditions, if ony gove rise to imicouse Iol. stofin underlying couse	was CAUSED BY MMEDIATE CAL D , which mediate ng the lost. NIFICANT COND ULC CI CAUSED COATH	DUE TO, OR A DUE TO, OR A OUTTONS CON The St	AS A CONSEQUE AS A C	ENCE OF CENTER OF THE STATE OF	Adenocar the li NOT RELATED TO VER WITH	cinema ver & the termin	of the accompanal disease or companying the autorstra	pancre nying b Notition Give chelan NA IF YES. IN CERTIFY YES	oas wiliar	th y tre action arcine
ite hos been signingst permit. Then signed prior to build shows only injury.	MEDICAL CERTIFICATION	Conditions, if ony gove rise to imm couse to	WAS CAUSED BY MMEDIATE CAL , which mediate go the goots. NIFICANT COND ULAR CITYLENERS CALLED CLAFF. RED	DUE TO, OR A DUE TO, OR A DUE TO, OR A OTHER STATEMENT OF H HOUR AM THE PLACE OF	AS A CONSEQUE AS A C	ENCE OF CENCE OF LES T. DEATH BUT THE LINE OF	Adenocar the li NOT RELATED TO VER WITH	cinema ver & the termin	of the accompanal ALDISEASE OR COMPANYING THE AUTOPST	pancre nying noition give chelan meryes, ncertify yes	oas wiliar	th ry tre action arcine NGS USED SOF DEATH NO
certificate has been sign viol-transit permit. Then i tental Hygiene prior to bui frem 18 shows any injury.		Conditions, if ony gove rise to improve the improve to improve the improve to improve the improve to improve the improvement in the impro	WAS CAUSED BY MMEDIATE CAL D , which mediate ng the lost. D D LIP CI CALL D CALL	DUE TO, OR A DUE TO, OR A DITIONS CON THE TIME OF I HOUR AM P.M. THE PLACE OF A THE PLA	AS A CONSEQUE AS A C	ENCE OF CENCE OF THE STATE OF T	Adenocare the linot related to ver with N WAS PERFORME	cinema ver & the termin access	a of the accompa ALDISEASE OR COL BPANYING No. AUTORST VES. AND COL ACTOR MATURE OF THE	pancre nying b NDITION GIVE Chelan MA IF YES, IN CERTIFY YES OWN	were FINDING CAUSE	ry tre
AL DIRECTOR: After this certificate has been sign terached for use as the buriol-transit permit. Then the Dept. of Health and Mental Hygiene prior to but if them 21 is marked or them 18 shows ony injury.		PART I DEATH W Conditions, if ony gove rise to improve rise rise rise rise rise rise rise ris	WAS CAUSED BY MMEDIATE CAL D , which mediate ng the lost. NIFICANT COND ULC CIT CAUSED CLASS RED HIS DOCUMENT HIS DOCUM	DUE TO, OR A DUE TO, OR A DITIONS CON THE STATE THE PLACE OF AT HEME STREET	AS A CONSEQUE AS A C	ENCE OF CENCE OF LES T. DEATH BUT THE PROPERTY OF LES THE PROPERTY OF LIFTS OF LES THE PROPERTY OF LIFTS O	Adenocare the li NOT RELATED TO VET WITH N WAS PERFORME THE LOCATION SHEET THE LOCATI	CINOMIC VET & THE TERMIN	a of the accompanal ALDISEASE OR COMPANYING THE AUTORST VES NO OF THE MARINE OF THE CONTROL OF THE AUTORST CONTROL MARINE OF THE CONTROL OF THE AUTORST CONTROL MARINE OF THE CONTROL OF THE AUTORST TO 3/8	pancre nying b Noition Give chelan 184 FYES, IN CERTIFY YES OWN OWN 187	LICE WISE FINDING CAUSE COUNTY COUNT	th cy tre nction ncs used No []
certificate has been sign prial-transit permit. Then tental Hygiene prior to bu frem 18 shows any injury.		PART I DEATH W Conditions, if ony gove rise to imm couse	WAS CAUSED BY MMEDIATE CAL D , which mediate ng the lost. NIFICANT COND ULC CIT CAUSED CLASS RED HIS DOCUMENT HIS DOCUM	DUE TO, OR A DUE TO, OR A DITIONS CON THE TIME OF I HOUR AM P.M. The PLACE OF AT HOME STREET The body of	AS A CONSEQUE AS A C	ENCE OF CENCE OF LES T. DEATH BUT THE PROPERTY OF LES THE PROPERTY OF LIFTS OF LES THE PROPERTY OF LIFTS O	Adenocare the li NOT RELATED TO VET WITH N WAS PERFORME THE LOCATION SHEET THE LOCAT	CINOMIC VET & THE TERMIN ACCOUNTS OF COCCURRED	ALDISEASE OR COMPANYING THE AUTOPSY VES NO.	PANCTO NOITION GIVE Chelan NA IF YES. IN CERTIFY YES OWW AFF ICIAN	WERE FINDING CAUSE COUNTY COUNTY COUNTY COUNTY THE DATE 7-8	the tree arcine NGS USED SOF DEATH NO []



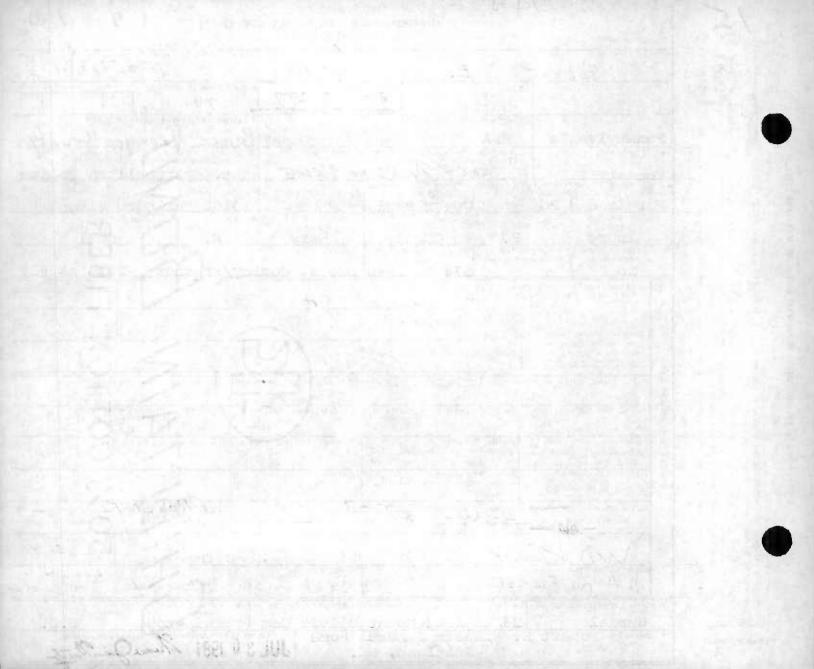
(VRA 15, 4)

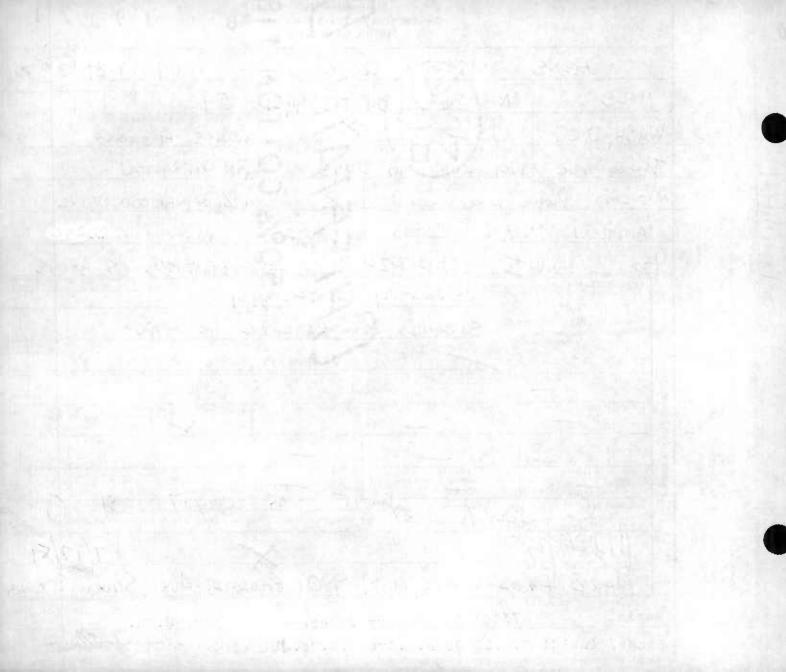
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 26 HOUR 1981 10:05P M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH Prince George's 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Box 141-C Elizabeth Watts Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (es) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [COUNTY STATE Memoriagns Buria eonardtown St. Mary'sMd 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 NAME Clarke Mattingley Leonardtown, Md

STATE OF MARYLAND

And the state of t					
The state of the s					
A-Direction of the control of the co					
The state of the s					
	and the same			osligists).	
				NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	
		1		N. T.	
				13.0	

X	1	tem 5 g558 8/5	/81 gj	STAT	E OF MARYLAND		
12	1	FOR - STATE			HEALTH AND MENTAL H	YGIENE 8	191/0
/		REGISTRAR				REG. NO.	
No.	(TYP	CEASED NAME FIRST ALber	+	-	CORley	20. DATE OF DEATH MONTH	25 81 11 PM
W/	3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
	X	Male	White	Jul	$\frac{25}{190}$	74 .	YRS.
411	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
of or		ennsylvania	USA	WIDOW	ED DIVORCED	PRINCE Beo	reges Countymo
Cen	10. C	ITY OR TOWN OF DEATH	M NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET, ADDRESS	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINES OR INDUSTRY
107		prestville	NEGEN		NG TOME	Ret. Metro	politan Police
1 C 2	130	AL RESIDENCE (IF NURSING HOME (STATE 136 COL		VE RESIDENCE BEFORE ADMISSION	\$134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
E)!		aryland PG	U	pper Marl	YES NO	10103 Marl	oro Pike
E /	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST .
pol		Albert	Р.	Corley	Mary	R.	Dull
medical		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
E I		No		78 42 7540	Leo H. Co	rley/Brother	Same as #13
, the		18. CAUSE OF DEATH (Enter of	only one couse per lin				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent,		PART I. DEATH WAS CAUS		harynges	l CA		
tic e		1490 mmedia	TIL CHOSE (O)	1	7		
OE O		Conditions, if any, which	1	S A CONSEQUENCE OF			
r tro		gove rise to immediate	(b)				
athe		couse (a), stating the underlying couse last	DUE TO, OR A	AS A CONSEQUENCE OF			
y, or	13	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BU	I NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART TIO
in la	CERTIFICATION						
18 shows any	7 3	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
OWS	E		0.000			YES NO	YES NO
18 sho	i iii	210. ACCIDENT WAS UNDERLYING		NJURY MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITE	:M 18 PART I OR PART 2)
E	1	OR CONTRIBUTING CAUSE OF D	CAIN	MONTH DAT TEAK			
5	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF	INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
marked	2	WHILE NOT WHILE	(AT HOME, STREET	, FACTORY, OFFICE, FARM, ETC.)	SIREET	CITTORIOWIN	STATE
ě		220.1 certify that (I) (this has	oital) ottended the o	deceased from 4-	23 19.8	/ to PRES	that (I) (we) lost
21 is		sow the deceased alive a above, (1) ()	11 1		nd that in (my) (our) opinio	in death occurred on the date on	d hour and from the causes stated
Hea		22b. SIGNATURE	view the body of	fer death.	DEGREE		1224 DATE SIGNED
±		Nack 2	- +		ATTENDING	MEDICAL STAFF	7-25-81
<u> </u>	-	224 PHYSICIAN'S NAME (TYPE	uni		PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	
MPORTANT			LRST			Idian Head H	Dyon Hill,
A 1							7. md. 2002
		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
-		Burial	28July		Olivet Ce		
0	24. F	UNERAL DIRECTROBERT	E. Wilh			ATE REC'D. BY REGISTRAR	EGISTRAR'S SIGNATURE
			S	uitland, M	d. Ju	120 1301 474	ace fan Harthen





STATE OF MARYLAND

Participation of the control of the

*			1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	1	9 1	7 3
oy be	deceh		ETYPE	ROI		ertram		ASE	20 DATE OF DEATH	MONTH 16	DAY YEAR	26 HOUR
age 4 me	1	1	3. SEX	M. T.	4 RACE CA	0	S. DATE C	DAY YEAR 29 1932	6. AGE (IN YEARS LAST B	RTHDAY) YRS.	MONTHS DAYS	HOURS MIN.
deoth. P	(III)	59		RTHPLACE (STATE OR FOR OUNTRY) MICHIGAN	USA	F WHAT COUNTRY?	WIDOWE		PRINCE GI			Y MD
201 rs ofter	The state of the s	28		TY OR TOWN OF DEATH	MATCOL	M'GROW'US	AF ME	DICAL CENTER	TYPE PIEOT MOST	ION OF WORKING LII	IN IDDIET DV	AIR FORCE
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	hould be	35	MAI	RYLAND	COUNTY ANNE OR ARUNDEL	13t. CITY OR TOW ANNAPOLI		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3129 ANCH	IORAGE	DRIVE	
MARYL med with	D ond 2:	20)	BERTRAM	Ë	CRASE ^{S1}		IS. MOTHER'S MAIDEN NAMED IN THE SECOND SECO	H Whee		GRASE 1A	
TIMORE be execu	Popel	2	VE'S	VAS DECEASED EVER IN	U.S. ARMED FORCES?	362-30-		MYRA CRASE	3129 ^{ADA} ANNAPO	CHORA IS MD	GE DRIV	E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signed by the ottending. Then please remaye carbon to burial, cremation, or ten		NO	Conditions, if ony, we gove rise to immee couse (o), stoting underlying couse	which diote the lost DUE TO, (b)	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENC	ENCE OF	METASTATIC WETASTATIC WETASTATIC WETASTATIC WETASTATIC WETASTATIC METASTATIC METASTATIC METASTATIC METASTATIC METASTATIC	LYMPHOMA	IDITION GIV	YEN IN PART 1:	0
AL RECOI	hos beer if permit.	2	CERTIFICATION	190 DATE OF OPERATIO	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO.	20b IF YES IN CERTIF	S, WERE FINDI	NGS USED S OF DEATH?
ION OF VIT	nding physic himmetric e d himmetric g	7	CAL	216. ACCIDENT WAS UNDER IT OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. E OF INJURY TREET, FACTORY, OFFICE I	AY YEAR	21c HOW INJURY OCCURR 211. LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE
HOSPITAL OR ATTEND	efouned by the hospital or after the TO FUNERAL DIRECTOR. After the should be detached for use as the with the State Dept. of Health and MOORTANT. If term 21 is marked.		W	WHILE AT WORK 22a. I certify thot (1) (th sow the deceosed obove, (1) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	is hospital) attended to olive on (idid not) view the bod	he deceased from_	81, on	DEGREE ATTENDING PHYSICIAN 272 ADDRESS	to 16 31	ote and hou	19 - 8 L	that (I) (we) last causes stated SIGNED
DHM	BP		8	URIAL, CREMATION, REI PECIFY) PLE Y A NERAL DIRECTOR NAME V 167 Fune	July.	20,1941 ADDRESS	HAY	METERY OR, GREMATORY TO ME 1259	A LOCATION HA KINGET E RE DI BYTEGISI RAF	PALSES	COUNTY RRT SIGN	dle nd

4 9 11 1 27's all 2000 18 SULTIN A STATE OM - TICLE 2 AND - A and the eventual section with the throat distributed to the state of the margine who will be will have it will

3		TE OF MARYLAND		1 7 4						
FOR 1 - STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
REGISTRAR T. DECEASED NAME	FIRST MIDDLE	LAST	REG. NO.	- DAY YEAR 2b HOUR						
(TYPE OR PRINT)	teven M. Culu	lev	OF ESTI- DEATH MATED 7							
3. SEX. 14 RACE	IS DATE OF BIRTH A AGE (IN YE	ARS IF UNDER 1 YR. IF UNDER 24 HR		-3 198/ M						
Male WH	ute MONTH 19-54 24	AY) MONTHS DAYS HOURS MIN.	PRONOUNCED 7 -	3 108/33						
70. BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	0	9 BALTIMORE CITY OF COLL							
FOREIGN COUNTRY) MARYLAND	USA	USA WIDOWED DIVORCED Prince G.								
	H II. NAME OF HOSPITAL, NURSING HOM	TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WICE								
CHEVERIU CHEVERIU	PRINCE GEDRESS GENER		PECHANIC	AUTOMOBILE						
	ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 3b. COUNTY 13c. CITY OR TOWN	ON) 1134 INSIDE CITY LIMITS? 1136 S	STREET ADDRESS							
THE THE THE THE THE THE THE THE	PG LANHAM	YES NO Q	308 AKONA STR.							
DEATH IN THE PROPERTY OF THE P	MIDDLE	15. MOTHER'S MAIDEN NA	ME	LAST						
PRETTY ROBERT ROBERT ROBERT	T CULVER	JEAN	C .	TRUNDLE						
AATTIMORE, MD. 2120 S. SAFIER DEATH, IF ANY GIVE PAGES 1, 2, AND PINE FOR PARS 1, 2, AND THE FOR PARS 1, AND THE FOR PARS	IF YES, GIVE WAR OR DATES)	1 - 6 1.	ADDRESS Scoq Elb	ERTON CT.						
WITHIN 24 HOURS AFIER TOWN ST., BALTIMA CANDERS AFIER ALONG WITH NO SAFIER ALONG WITH FOR PARTICIPATION OF THE PORT OF THE POR	N/A 216-68-000	4 JEAN IRUNDE)	hompson Hyatisvil	APPROXIMATE INTERVAL						
18 CAUSE OF DEATH PART I DEATH WAS	(Enter anly ane cause per line far (a), (b), and (c).) S CAUSED BY:	much a Neckest	!	BETWEEN ONSET AND DEATH						
STON ST TATIONS ALONG COVAL.	IMMEDIATE CAUSE (a) COUN Shot W	ound 1/ the Chest								
Canditians, if an										
Canditians, if an gave rise to in cause (a) stating the		OF.								
METANO Stating of Sylving cause (a) stating of Sylving cause last.	(e)									
2 D: 1875	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a.									
CREMAN STATE OF CREMAN CONTROL OF										
HOUSE NO DATE OF OPERAL	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
MEDICATION MEDICA				YES NO W						
NAME OF THE PROPERTY OF THE PR		21c HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)						
AND		211 LOCATION								
AARCH DANS OCCURRE TO NOT WE AT WORK THE DAY OF WAT TO NOT WE AT WORK THE DAY OF THE DAY	VHILE STREET FACTORY, FARM, ETC.)	9308 Wems	2 CHYORTOWN 29	OUNTY STATE						
A A A A A A A A A A A A A A A A A A A	ORK JOHN	90000000	1 of an night, I'V	1500000						
22a I certify that I to	aak charge of the remains described above, held an	Autapsy . Inspection	, Inquiry [4], and in my	apinian						
death resulted frame	Natural causes Accident Su		determined manner,							
THE CER SHOULD SHOULD NEW ARTH OF MARE AND	heart & Lodyne	M.D. Deputy M	DATI							
SETH SETH SETH SETH SETH SETH SETH SETH	11 1 1 1	m.b. Debuey m		NED						
	(/									
EXAMINER'S NAME	Augusto P. Rodriguez, 91.	D. ADDRESS 5009 Ray	burn Ct., Camp S	prings, Md.						
230 BURIAL, CREMATION, REA		ADDRESS		UNITY STATE						
BP 608 BURIAL		METERY OR CREMATORY NO CEMETERY B	LOCATION CONTINUO CON	UNITY STATE						
BP GON BURIAL 24 FUNERAL DIRECTOR NAME NAME	MOVAL 23b. DATE 23c. NAME OF CE	METERY OR CREMATORY DEMETERY 250. PATE REC'D		UNITY STATE						

Additional to the form of the second that the second to th A DECEMBER OF THE PROPERTY OF THE PERSON OF The transfer o To the same of the

8	1 - 5	OR			DEPARTMENT O	F HEALTH		6.9	. 1	1 9	17	ં
	-	EGISTRAR	FIRST	MEL	MIDDLE	MEK.2 C	EKTIFICATE		REG. 1	A CALL		
		EASED NAME OR PRINT)	FIRST		WIDDLE		LAST		OF ESTI-	HINOW TH	DAY YEAR	76 HOUR
ASE OR. JRS. JRS.			Geral			Cummin			DEATH MATED	□ 7	7 1981	M
PLE, FILE HOUR	3. SEX	4 R/	. Acres	5. DATE OF BIRTH	MEAR LAST BIRTI	YEARS IF UN	DER I YR. IF UND	DER 24 HRS. 2c.	DATE	HTMOM	DAY YEAR	24. HOUR 2: 50
SSARY PLEASE RECTOR. DIR FILES. HINT HOURS	Ma	Te	hite	Judy 1,1		YRS.	DATS TROOKS	D	DEAD	7	7 1981	P. M
ECESS.		THPLACE ISTATE OF		76. CITIZEN OF WE	IAT COUNTRY?	MARR WIDOW	NEVER MA	ARRIED L	Pr. Geor		TY OF DEATH	MD.
AY IS A		YOR TOWN OF D	EATH	(IF NOT IN SUCH FAC	PITAL, NURSING HO	5)		120. USUAL	OCCUPATION (T OF WORKING LIFE)		126 KIND OF B OR INDUS US AT	USINESS
21201 If ANY DELAY 2, AND 3 TO 3 3. RETAI S RECORDS		RESIDENCE DEIN	NURSING HOME C	OR OTHER INSTITUTION, GIV	e's Generalist City OR TOWN Laurel	SSION)	13d. INSIDE CITY LIMITS		ADDRESS 5 River			
IF ANY 2, AND 33. RETA SHOULL IF RECO			1		Laurer		YES NO		2 KIAGI.	view a	ipts	
P ATH	14. FA	THER'S NAME FRST Georg	e Cumm	ings	LAST		15. MOTHER'S MA FIRST		ol Joy		LAST	
ORA ORA		AS DECEASED EVE	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT ADDRESS			SS		
BALTIMORE, RS AFTER DE GNE PAGE: WITH FORM PAGES 1 AN	(16)	yes	1941	-1.963	21.2 18 1	242	Mathlee	n Cummir	ngs same	as al	ove	
N ± × 7 8 2		18 CAUSE OF DE PART I DEATH		ly ane cause per line D BY:	for (a), (b), ond (c).) eriosclere	otic c	ardiovaso	cular di	sease		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
N Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		729 Canditions, il	_		AS A CONSEQUENC							5 = 1
TW.		gave rise to couse (a) state lying couse la	ing the under-	5	AS A CONSEQUENC	E OF						
EXECUTE VG" IN P ICAL EX A BURIAL AND M ION, OR		BART O OTHER CICHIELE	ANT CONOLTIONS	(c)	NAT AND ADD THE TAX AND ADD							
COR NOIN AED AS AS A	N O	Diabet	tes mel		OUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN	N PART 1 (a).				
A DOLLAR	CERTIFICATION	190. DATE OF OPE	RATION	19h CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPS	1? NO 14
, , , , , , , , , , , , , , , , , , ,		210 EXTERNAL CA		21b. TIME OF HOUR A.M.	INJURY MONTH DAY YE	AR 21c. H	OW INJURY OCCUR	RRED (ENTER NATUE	RE OF INJURY IN ITEM	18 PART 1 OR PA		
SION TIFE G TH TO SHOO SHOO SHOO	MEDICAL	CONTRIBUTING [DE INJURY (ATHOME.	215.10	CATION					
DIVISION OF BETHICATE THIS CERTIFICATE TE, WRITING THE W RWARDED TO TH TO	MED	WHILE NO	OT WHILE C		ORY, FARM, ETC.)		TREET	СП	TY OR TOWN	со	UNTY	STATE
AL EXAMINER: THE CERTIFICATE, HOULD BE FORW AT DIRECTOR: P. T.H. WITH THE ST. E. MARYLAND, 215		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian										
AMI RITIFIED BE SECTION OF THE STATE OF THE		death resulted fro	n: Notur	ral causes 🔼,	Accident,	Suicide	, Hamicide L		ned monner			
CEX.		ACTUAL TO	want	O KK	Luxues		Deputy			DATE	7/8/	81
CAL THE SHC EATH		SIGNATUREZ /A	1	1100	10	M			LEXAMINER	SIGNE		
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAM (TYPE OR PRINT)	Augus	sto P. Rod	CONTRACTOR OF THE PARTY OF THE		ADDRESS		Ct.,Tem	ple H	ills, M	d.
BP BP	230.BU	RIAL CREMATION ECIBUTIAL			23c. NAME OF C			23d. LOCAT CITY OF TO ATLI	ngton, S	Virgir	NTY :	STATE
Zeh (VR A15 ME (5))	24. FU	NERAL DIRECTOR NAME Dona			ome, Laure		25a. DA	TE REC'D. BY REC		GISTRAR'S S	IGNATUR	The
15M 7/77								411 7.7	1981	1	A A A A A A A A A A A A A A A A A A A	O.

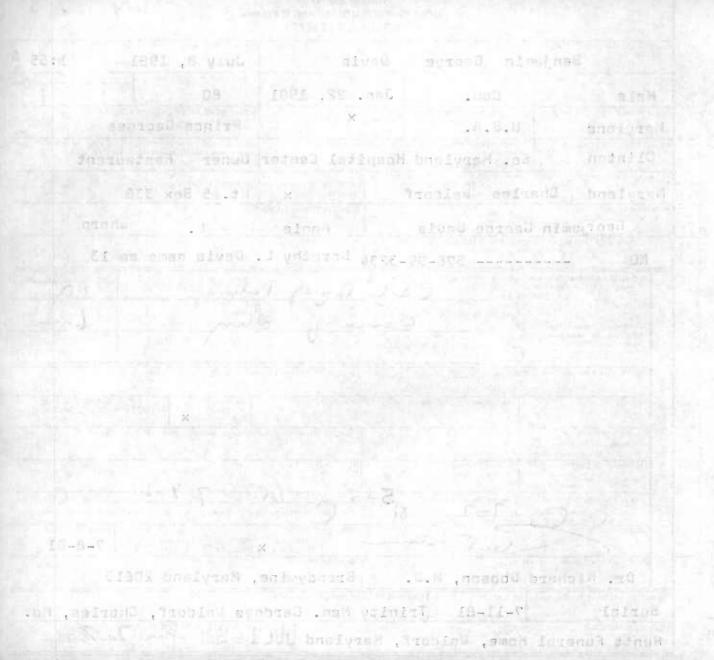
	A Contract		: 500	
		Traff, tak	, File 3	- min
plungos is see				
The state of the s	Lateral	Interior a dec		v Emergen
aloga valveavi i ghit		Iswal		
905 (-192			e nheur e	
arous es emis synthetic	2 (atriogn s	ASD AF SIR	Sevi-TACT	897

K -- county -- 10 sinaviva A Strain America A TOTAL OF THE PROPERTY OF THE Tele Flant in 1975 v 4 strain land, thought because the land the series ANTO I VERNERAL PROPERTY AND ANTONIO

1	1				STAT	E OF MARYLAND	0 1	1	1 0		7 7
$ \approx $	1	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GIENE 8	١٥.	7	1	, ,
		DECEASED NAME FIRST YPE OR PRINT)		MIDDLE		IAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
pe pe		PAUL	INE	S.	dr/	lbert		07	08	81	7:20PM
b d	3.	SEX	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST 8	RTHDAY	IF UND	DER I YEAR	IF UNDER 24 MRS
4		Female	W	hite	Sept	15. 1889	91	YRS	MONTH	DAYS	HOURS MIN.
2 # 10 /10	7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZE	N OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY			EATH	
te est	B	Virginia	U	S.A.	WIDOW		PRINCE GI	EORGE	S		M
Le le	10.	CITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL, NI	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		121 3.11551 IN	L KIND O	F BUSINESS OF
100	0	CHEVERLY				ARE CENTER	Housewife)wn H	lome
hou de	U:	UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTI	TUTION, GIVE RESIDENCE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
fille fille	5	Maryland P.	G.		ainier	YES X NO	3210 Chi		Road	1	
vithir etely 12 sk	14.	FATHER'S NAME	MIDDLE	LAS	t	15. MOTHER'S MAIDEN NA	AME			LAS	
ba ample	06	Henry		Reif		Margaret				Bach	
Poges I	160	WAS DECEASED EVER IN U.S. A	RMED FOR	TEC)	SECURITY NO.	17. INFORMANT					ill Dr.
Poor He	L	No		217-4	8-7251	Katherine A	Ann Johnson	ı Ri	dge	field	d, Conn.
sicio ppersion vol.		18 CAUSE OF DEATH (Enter of	only one cou	se per line for (o), (b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
phy on po emov		PART I. DEATH WAS CAUS	ED BY:	(o) Res	pirator	y Arrest					
ding or re or re		4199		TO, OR AS A CONS		/					
death ottend otian, o		Conditions, if ony, which	(AH SONS	0 / PMX	Cardioves	word Dra	396 54	2		
motion rate		gove rise to immediate	1			<u> </u>	23/07	Cos			
by the		underlying couse lost.	DUE	TO, OR AS A CONS		Heart Fal	-Curp				
pled pled uriol		PART 2. OTHER SIGNIFICANT	CONDITIO					ADITION (CIVENIN	DART 1	
quin sign Then to bi	2			cingreno	100	.ec	WIIVAL DISEASE ON COI	VDITIOI V	SIVEIV IIV	FART III	
been mit. I	→ ₹	190. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WER	RE FINDIN	NGS USED
n. n	2 2 3 NOTIFICATION						YES NO	IN CER	YES	CAUSES	OF DEATH?
sicio ate l insit ygie		71g. ACCIDENT WAS UNDERLYING	7 21b. T	IME OF INJURY		21c. HOW INJURY OCCUP		URY IN ITEM	brand	R PART 21	140 []
SICIAN: T ag physici certificate riol-transi entol Hygi them 18 sh			EATH HOL	JR A.M. MONTH			(Control on the				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		P.M. LACE OF INJURY	19	21f. LOCATION					
or attending After this e as the bu	AF	WHILE NOT WHILE AT WORK		OME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR T	NWC	C	OUNTY	STATE
or Aft		220.1 certify that (I) (this has	oitol) otteno	ded the pleceosed f	rom_ 35/4/	81 19		21	. 19		that (1) (we) los
TEN TOR Of H		sow the deceased alive a	n_7/	18/8/	/ /	nd that in (my) (our) opinion	deoth occurred on the	dote and I	nour ond	from the	couses stated
REC ed f ed f		obove, (I) (we) (did) (did n 27b. SIGNATURE	of) view the	body offer death.		DEGREE			12	2c. DATE	SIGNED
tach tach		Mar. a	-	Tour.	v	D. ATTENDING	MEDICAL STA			7/0	101
SPITA I by VERA VERA Stot	-	22d. PHYSICIAN'S NAME 1194	OR PRINCE		16	220 ADDRESS	DIRECTOR PHYS	CIANDEL		19	101
HOSPITAL ned by t FUNERAL Jid be det the Stote ORTANT:		1 1. 07/	•				-1 1	1	1-1	2 2	
TO HOSPITAL Ceroined by the TO FUNERAL Dishould be detra with the Stote Dimension of the St	-		ilmo			1 466 H C	Levery	14	2		
4800	23	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		3/81	Cedar	EMETERY OR CREMATORY H111 Cemeter	Suitlan	a	p.ou	MA	Maryla
BP			1/1	0/01	Seual	*****					
DHMH-16 30M 2/80		FUNERAL DIRECTOR Gasch's Sons	ED EV	D A IT-PARE	Parilla	Md . 250. DA	TE REC'D. BY REGISTRA	25b. RE	TRAR'S	SIGNATI	- N
(VRA 15, 4)	P	· Gasch's Sons	r.n.	r.A. nyat	PATTIE	,	JUL 1 3 198	1	ance	JA OL	Martha

67 98 31 7:20		E ALBERT	9		and to the said to	
		17, 188		643763		at wat
E GEORGES	PRINC	The state of the s				Elector
oife from None	o=not 5	CARE CENTER				CHEVERLY
Tome and Lite	nter h	×	n-later	. 11 15		familyes.
Hone MALES To all pa		tone and		in		
pso, file Pleasals motor	nios para a	Labidall .	L0(77-834	· 2		

	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		19178
		CEASED NAME FIRST Benja	amin George	Davia	July 8.	10
m.	1.5E		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		L Prince Is	COUNTY OF DEATH
86		Clinton	NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION		N 126. KIND OF BUSINESS OF INDUSTRY RESTAURANT
BS	13a.	STATE	NTY 13c. CITY OR TOV Bries Walder	VN 134 INSIDE CITY LI		338
80	14. F.	ATHER'S NAME ERST Benjamin		15 MOTHER'S MAII Anni	e L.	Sharp
2		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SEC	0 - 11	y L. Davis aar	
jury, at other traumatic evi	NO	Conditions, it ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF	Sence of	HE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1/a1
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 7 NO 7
Production likely	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTEY MEDICAL EXAMINE 11d. IN JURY OCCURRED NOT WHILE AT WORK	ATH HOUR A.M. MONTH D	19 21f. LOCATION	OCCURRED (ENTER NATURE OF INJURY I	
KNT, If Nem 21 is most	The second	220.1 certify that (1) (this hosp	or view the body after death.	DEGREE		ond hour and from the couses stated 22c DATE SIGNED 7-8-81
MPORTA		Dr. Richar	d Dobson, M.D	. Brandyu	wine, Maryland	20613
	E	BURIAL, CREMATION, REMOVAL SPECIFY) SUFIAL		inity Mem. G	ardnes Walder	
0		untt Funeral	Home, Waldor	f, Maryland		REGISTAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTIamion DEATH MATED 19 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD 26 1971 10 YRS Mav 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash. D.C. USA WIDOWED DIVORCED II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE None USUAL RESIDENCE (IF IN NURSING I WAS OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE H3 FOUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington YES 🗔 4264 East Capitol Street. NO [] lof Columbia 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Adrian Davis, Jr. Victoria Zimmerman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRES 12 54th Street (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Adrian Davis, Jr.-father-None no 18 CAUSE OF DEATH (Enter anly ane cause per lige far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY RANSIT PERMI IMMEDIATE CAUSE (o) DUE TO, OR AS A COMSEQUENCE OF REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I YES 🗌 NO Z MANUE OF INJURY 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OUR AM MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEAT PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION 111100-60 WHILE AT WORK AT WORK STATE [DIRECTOR: P VITH THE ST AARYLAND, 2J; 22a. I certify that I took charge of the remains described above, held or Autopsy and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) GE 4 SHOU FUNERAL DE TER DEATH, LTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodfiguez, M.D. TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION, TEACHAL TO DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Suitland, Maryland 981-LincoIn Mem. cem. BP Rurial 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Home-4001 Benning Rd. N. E 15M 7/77

Matter of Ma Congress and Anna Congress of the State of t cus The same of the sa . Del califfe d'agree : la commune de la com to be that the soul of the second of the sec provide the war and the second of the second of the second

-17	FOR			DEPARTMENT	OF HEALTH		I HYGIENI	. 1	1 0	1	8	0
1	- STATE REGISTRAR		ME	DICAL EXA				TH	EG. NO.			
	ECEASED NAA	AE FIRST		WIDDLE		LAST	F	O DATE KNO	INOM TY NW	H DAY	YEAR	26 HOUR
1		Gle	enn	Reubin		Davison		OF EST DEATH MAT	ED 7	7	18 91	M
3. S	EX	4. RACE	5. DATE OF BIRTH	YEAR LAST	(IN YEARS IF UN	DER TYR. IF UNI	DER 24 HRS.	2c. DATE	MONTH	DAY	YEAR	2d HOUR 9:00P
	ale	White	6 29	49 32	YRS.	DATS		DEAD	7		1981	9:00
2	BIRTHPLACE ()	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED NEVER MA	ARRIED	BALTIMORE	_			
	irginia		USA	CRITAL NUIDCING	WIDOW	ED DIVO	ORCED TO		George			
1	Chever		II. NAME OF HO	SPITAL, NURSING I ACILITY, GIVE STREET ADD	meral H	ospital	A) FOR M	AL OCCUPATION OF WORKING LINE CONTROL TO THE CONTRO	IFE)	OR	INDUSTR	Y
1130	JAL RESIDENCI STATE Md.	(IF IN NURSING HON	FOR OTHER INSTITUTION, G JNTY Mary B	IVE RESIDENCE BEFORE A I3c. CITY OR TO Mechani	DMISSION)	T3d. INSIDE CITY LIMIT	IS? 13e STRE	ET ADDRESS La Box				
	FATHER'S NAM	\F		110 CHALL	CRATITE	15. MOTHER'S MA		4 DOX	441			
	Homer		MIDDLE	Davis	on	Evelyr		WIDDLE			owthe	ירי
160.	WAS DECEAS	ED EVER IN U.S. A		166. SOCIAL SEC		17. INFORMANT		AD	DRESS			_
	no no		NE WAR OR DATES)	219-54-	8994	JoAnn Co	ook sam	e as it	em #13			
	18. CAUSE	OF DEATH (Enter	only one cause per line	e for (a), (b), and (c).)					API	PROXIMATE I	NTERVAL AND DEATH
н	PARTIE	DEATH WAS CAUS	SED BY: IATE CAUSE (a) CI	ranio cer	ebral t	rauma				BETW	ELIN ONSITI	AND DEATH
	1816	D	DUE TO, OF	R AS A CONSEQUE					100	The		
1	gave	ans, if any, whi rise to immedia	ite (b)									
		 a) stating the <u>under</u> ouse last. 	DUE TO, OF	R AS A CONSEQUE	NCE OF							
			(c)									
z		SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEAS	OR CONDITION GIVEN I	IN PART 1 to a					
CERTIFICATION	190 DATE O	FOPERATION	19b. CONDI	ITION FOR WHICH	OPERATION W	AS PERFORMED?				20 A	UTOPSY?	
FIC											ES 🔯	ыо П
1 1	210 EXTERN	IAL CAUSE WAS	21b. TIME O		21c Ho	OW INJURY OCCU	IRRED (ENTER N	ATURE OF INJURY IN	ITEM 18 PART 1 OR		E3 (A)	NO []
		G ⊠OR ING ☐ CAUSE O	F DEATH 7:31	MONTH DAY	981	driver of	f auto	lost co	ntrol			
MEDICAL	21d. INJURY	OCCURRED	21e PLACE	OF INJURY (ATHO	ME, 21f. LO	CATION						
E	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	Pen	nsylvania	a Ave.,	Upper	Marlboi	O, P	.G. ,	MO.
			arge of the remains de	scribed above held		LAJ		Inquiry .	and in my			
1	death resul		tural causes .	Accident X	Suicide	. Homicide		rmined manner	Ond in my	opinion		
	setshing.	Λ.	1	223	30.0.00	TITLE (SPECIFY		v manner				
	ACTUAL SIGNATURE	$-/\mathcal{X}$	WAS	M		Assist	ant	CAL EXAMINER	DAT	E NFD_	7/8/8	31
)	EVAMINED	14	1							A-U		
1	EXAMINER'S (TYPE OR PR	INI)	Ann M. DYX	on, M.D.		ADDRESS		nn St.	Balto	. , MD		
23a.	(SPECIFY)	ATION, REMOVAL			F CEMETERY O			CATION	CC	YTAUK	STA	TE
24	FUNERAL DIRE	rial	7/10/81	Cedar	Hill C			tland	P.G		Md	•
-	NAME		ADDRESS			1		981	KEGISTBAR'S	SIGNAT	RE	
G	P. Kal	as 6160	Oxon Hill	Rd. Oxon	Hill,	Md. JU	LT91	301			Lance	

Holyster of the lost of t. Hard a continuo sa et la continuo s milov. noive. none 213-7-994 Journ Look sebe in item 913 haved 7/10/8: ecar il cuetare analysis. G.F. Halas 6160 Grow Mill Mc. Gron Mill, Ye. Subasa

6	1-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH	AND MENTAL H		A I RE	EG. NO.	9 !	8	1
1		CEASED NAME E OR PRINT)		ETTEA DAY	MIDDLE		LAST		DATE KNOW OF EST DEATH MATE		20	YEAR 19 81	76. HOUR 1:04a
	SE)	MALE	BLACK	S. DATE OF BIRTH	YEAR 1937 43: Y	AY) MONT		24 HRS. 2c. MIN. PRO	DATE DNOUNCED DEAD	JUL 30		YEAR 19 81	1:04a
O Capital	FO	RTHPLACE (ST. REIGN COUNTRY)		76 CITIZEN OF WE United		MARRIED NEVER MARRIED							MD.
S Not the S	An	drews A	FB	Malcolm	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) Grow USAF	Medi		120 USUAL	OCCUPATIO OF WORKING LI	N (TYPE OF WORK	OR	industr ernme	Υ
F AND 3 RECORD	13a S		13b. COUN'	TY	13c. CITY OR TOWN S Suitland	ON)	13d. INSIDE CITY LIMITS? YES XX NO	13e STREET 6595		lvania	Ave		
DEATH OF AND 3		Robert		WIDDLE	Hicks		15. MOTHER'S MAIDE -Cornelia		MIDDLE	Smith	1	AST	
BALTIMO GES AFTER 8 GNE PA WITH FACES 1 PACSES 1	No.	ES, NO, OR UNKNO	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	241-56-55		James Day	6595		lvania		MD Suit1	and_
DRDS, 301 W, PRESTON SI BE EXECUTED WITHIN 24 H DINGS BY PENCH, IN THEM EDICAL, EXAMINER ADON IS A BURIAL TRANSIT PERM ITH AND MEMIAL PROSENT ATTON, OR REMOVAL	NC	Condition gave rise couse (o) lying cous	ss if ony, which to immediate stating the under-	DUE TO, OR (b) Ma DUE TO, OR (c) (c)	AS A CONSEQUENCE	of rica Of	Disease rdial eff		ı				
WITAL RECORDS SHOULD BE EXE OND "FENDING CHEF MEDICA FOR HALITH AN RIAL, CHEMATIO	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?					UTOPSY?	NO 🗆
DIVISION OF VITA IIS CERTIFICATE SHOWING THE WORD RADED TO THE OFF GE 3 SHOWING THE UT THE DEPARTMENT OF THE UT THE OFF ARMONITY OF THE U	MEDICAL CER	UNDERLYING CONTRIBUTIN	IG CAUSE OF D	P.M.	MONTH DAY YEAR		OW INJURY OCCURRED	D (ENTER NATU	IRE OF INJURY IN I	TEM 18 PART 1 OR F			
DIVIS R: THIS CER THE, WRITING THE, WRITI	MED	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CI	TY OR TOWN	C	YTAUC	126	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SIS		death resulte ACTUAL SIGNATURE		ol couses D.	rribed obove, held on Accident , Su		Homicide TITLE (SPECIFY) D. Deputy ADDRESS 5009 R	UndetermMEDICA	ined monner LEXAMINER	ond in my on the state of the sta	ED Z	-30	-81
DHMH-17 (VR A15 ME (5))	(\$	URIAL, CREMAT BUTIAL JNERAL DIRECT	ION,REMOVAL 2		Wash Wash 716 Kenn	Nat.	Cemeter	23d. LOCA CITY OR TO Sui		co	UNITY	STA	
15M 7/77					1 TO Welli	euy	De Marian						

hurial description of the second of the seco

STATE OF MARYLAND

1013085	12-30-50		DIEDRICH			PANSY	
			near per .	60	ed bits		in Educati
	GLORGE'S		7.5				Almin, 14
lette.		n=mi	ER L HS-ITAL	ORGE 'S GEN	PRINCE GE	Υ.	CHEVERL
Line	Links Seeming	. 1 1725		Mark months			7
	orm?			dovio.			no Provi
	.071		· motor	7077-15-5			
		.W					

through the second and the second sec THE RESERVE OF THE PROPERTY OF The same constitution as make the constitution of the The transfer of the transfer o Control of the state of the control of the state of the s

122	1	It		call w/Fun. Hom	e STATE OF MARYLAND		
10.	×	1	FOR 7/27/81 r	C DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8	19 8 4
11		1/	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0,
	1 22		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	P. P. P.		ROBERT	T	DINN	07	7 09 81 4:15P.MM
	ê X	3. SE	X	4 RACE	3. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4		ale	Caucasian	July 18 198197	83	YRS. MONTHS DAYS HOURS MIN.
	a 1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH
	1 1 20 N		ermont	U.S.A.	WIDOWED DIVORCED	Prince Geor	rges MD.
	1 10	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	17a. USUAL OCCUPATI	ION 126. KIND OF BUSINESS OR
102	0 24 400		nton	Southern Maryland	i Hospital	Naval Lab	s U.S.Govern-
213	4 hours	13n	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		13. SIREET ADDRESS	ment
NA ON	fill fill	IVIa	aryland P.G.	Camp S	prings & NO	6600 Tal:	l Oak Drive
RYL	vithin 12 st		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
× ×	ample oud	M:	ichael	Dinn	Mary Anr		Stuart
ORE,	nd co		WAS DECEASED EVER IN U.S. AI		IRITY NO. 17. INFORMANT	ADDRE	SS
N N	e e e	No		a 068-07-	4546 Beverly I	Dinn Sams	As 13 A-E
SALT	sicio pers		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b) an	dict //	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATHY CT
1.	phy on po emov			TE CAUSE (0 Cluf E	Monocytec C	Xeusen	lea I month
NO	ding orbc or re	100	2060	DUE TO, OR AS A CONSEQUE	NCEOE		
ESTG	e otten move c rotion, troum		Conditions, if ony, which	(b)			
. P.	t the second		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
3	thot I by ol, cr		underlying couse last.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	gne gne burn burn	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I(0)
ORD	en si The or to	CERTIFICATION					Company of the Compan
SEC.	low re s been s prior s ony	CA	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL	The I	E E				YES NOM	YES NO
<u> </u>	PHYSICIAN: T ending physici this certificate he buriol-fronsi nd Mentol Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
Ö	PHYSICIAN: ending physical this certifical to buriol-fron and Mentol Hy dor Item 18 is	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
SIO	PHY endir de bu	MEDICAL	21d. IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
N	NG Totter of the orke		AT WORK NOT WHILE				
	Olo Olo OR: A Heol			nitol) ottended the deceosed from	7/ 10-/ 19/2	, to	7, 19, that (I) (we) lost
	ATTI ospit CCTC d for d for m 21		obove, (I) (we) (did) (did no	n 7-9 19 5	1	death occurred on the do	ote and hour and from the couses stated
	OR he he oche oche Dep		226. SIGNATURE		DEGREE	AMEDICAL STAF	22c. DATE SIGNED
		1	Mes 1	Cear		MEDICAL STAF	
	S P Z P E Z		22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS 91	31 Piscata	way Road
	TO HOSPITAL Tetoined by to TO FUNERAL should be det with the Stote		Thomas F. Cl		Clinton,	Maryland	20735
19	01	23a.	BURIAL, CREMATION, REMOVAL SPECIFY 121	235741y 13, 23c.1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
/ /	BP			1981 - Ce	dar Hill Cemete		
	DHMH-16 30M 2/80 (VRA 15, 4) 663		Id Alexander	Funeral Home	Inc. 250 DA	L 1 6 1981	25D REGISTRAD'S SIGNATURE
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	iu alexander	Ferry Rd. C	linton. MD JU	L 1 0 100 1 1	JAMES / MICOSO

.a.c. U = crompov myer of the later level to be the level to be the later to be Private to make the mill Sent Rent Clarator Ferry Rd., Clinton, D Juliu En Fred Chila

						STATE	OF MARYL!	AND				alta (File)
3	1.	FOR STATE			DEPART		EALTH AND A	MENTAL HYG	SIENE 8		9	8 5
		REGISTRAR						EAIN		. NO.		
o m £		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST A		20. DATE OF DEAT	1 HTMOM H		26 HOUR
poge :			EVAN	215TA	V_{γ}	D	IRIGE	100		144	7 1981	SAM
Ter of	3 SE			4. RACE		5. DATE C	F BIRTH	WE AB	& AGE (IN YEARS LA	MIHDAY	IF UNDER I YEAR	IF UNDER 24 HRS.
of of of	1	-EMALE		ASIA	W	OC	T. 26	1901	7	9 YRS.	DATS	HOURS MIN.
2 62	7a. B	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY!	8.	□ NEVERA	AAPPIED [9. BALTIMORE CIT	OR COUNTY	OF DEATH	
ee the second	FI	LLIPINE ISL	ANDS	PHILLIPIA	de Islanda	WIDOWE		VORCED [PRIN	CE G	ESRGE	MD.
ž VI	10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		1		120 USUAL OCCUI			F BUSINESS OR
10 0 TH 100	Co	ILEGE IA	RK	350	3 WOFF	IRD 6	LANE C	COURT	HOMEMA			
212		AL RESIDENCE (# NUR	13h COU		13c CITY OR TOW		136 INSIDE C	ITY LIMITS?	13e. STREET ADDRE	\$5		
AND 24 mus		MD.	OR.	GEN	CILLEGE	PACK	YES 🗌	NO 🗌	3503 1	WOFFERN	LANE C	COURT
SYL.	34.8	ATHER'S NAME	1	WIDDLE	/ LAST		A 40 TO 10 T	MAIDEN NA	ME		1457	
WAN B TO MOL	1	EVARISTA		maget	VILLAMER	2		ANDA	manu	4		
RE, ecup		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO	IT INFORMA	NT		DRESS		
W S S S S S S S S S S S S S S S S S S S		Ni	the section	C was CHOW 131	216-88-4	7727	Kess	LINA	MERCUS	10-350	3 WOFFE	es
ALT DIE B		II. CAUSE OF DEAT	H (Enter or	dy one couse per	line for just, (b), on	1	m.		1:10	11 -	SETWIEN C	MATE BUTERVAL
T. Infect		PART I DEATH V		TE CAUSE (a)	nen	u,	1141	own	any or	yaru	- pros	2 1/25.
No ce de la constante de la co		4100		DUE TO O	U AS A DINSERUII	NCE ME	+1	11.	14		n n/	10000
STO THE PERSON NAMED IN COLUMN		Conditions, if any	which	((6)	(www	is	we	Her	NTA	une	de	and
PR he		gave rise to im-		DUE TO O	2011	wedn	1.1/2	17.	11/2 +	-11 -	15	10.
W to the to		underlying couse		DUE TO U	ance	w	sce	nine	bear,	use	2010	years
20 20		PART 2 OTHER SIG	PICKETT	CONVITIONS	ONTRIBUTING YO	DEATH BY	YOT HELPER	HO THE TERM	MINAL DISEASE OR C	ONDITION GIV	EN PUPART IN	
PECORDS.	No.	1	nu	beli	om	ell	ulu	0		/		
0 1111	13	IN DATE OF OPERA	TION	19 COND	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	20e AUTOPSY?		WERE FINDIN	
Ne le le	CERTIFICATION			WENT THE					YES NO!		5 D	NO 🗆
VIII T S S S S S S S S S S S S S S S S S	1 8	210. ACCIDENT WAS UN	6		OF INJURY .M. MONTH D.	AV VEAD	21t HOW IN	IJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
SICIAN: ng physic certifico unid-tron entol Hy	1 ×	OR CONTRIBUTING		ALIB.	.M. MONTH D.	19						
o Aries ad a	MEDICAL	216 INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATIO		CITY	OR TOWN	COUNTY	STATE
DIVISI ING PI After the os the Ith and iorked	E	AT WORK NOT W	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, EIC J		,	. 1	1 ,	91	
O O O E		220 1 certify that (I		ital) attended th	ne deceased fram_	a	mme	. 19 7	1, to 1	146	19 0 . 1	that (I) (we) last
TTEN Pitol TOR: for us of He		sow the deceo	ed alive or	to view the body	19	4	d that in (my)	(our) apinian	death occurred an th	e date and have	and from the c	couses stoted
R A hoss hed hed bed tem		226. SIGNATURE	MXI	T VIEW IIIE COLORY	differ dediff.	0	DEGREE	E-RUM	1		DE DATE	MONEY /
te Do		/	1 /V	ner	()	m		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [17/	7/8/
HOSPITAL med by the FUNERAL old be det to the State	1	226 PHYSICIAN'S N	AME (TYPE	OR PRINT)	7	~	22e ADDRES		A	/ /	1660	11/
O HOSPITAL eformed by 1 TO FUNERAL should be de with the Stort		G.G. 1	MER	ZCUR	10.12	D.	44	156	helmol	mry K	1. Ken	radal
TO H shoul	23a.	BURIAL, CREMATION	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR C	CREMATORY	1234 LOCATION		1	
7h 80301		(SPECIFY) SIIDIT	1	July 10	1000	ml f	west.	Cin Le	5 BNU	limon	0.9	md
	24. F	UNERAL DIRECTOR		12	-14/1/2	-w/w	y crus	250 D 4	REC'D BY REGIST	RAR 200 EGIST	RAD'S SIGNAT	URE
DHMH- 16 30M 2/80 (VRA 15, 4)	11	LEDRA FILLUS	1 Mon.	Ollhitte	1 70/00	mell A	L NALD	10	L 1 3 1981	Man		1-4
	10	TO MY I LUNGSE	17 mil	PANAMIN	1 237 411	MAN IN	1/9					

A LINE STREET STREET STREET STREET STREET The said of the state of the said of the s 11 (The trans of the first of the trans of the first of records pelaces

FOR

STATE OF MARYLAND

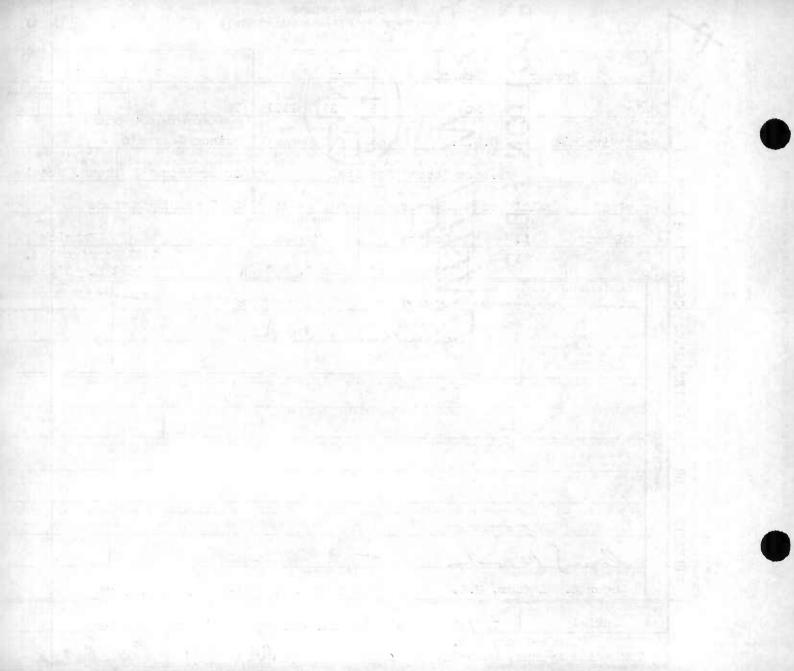
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

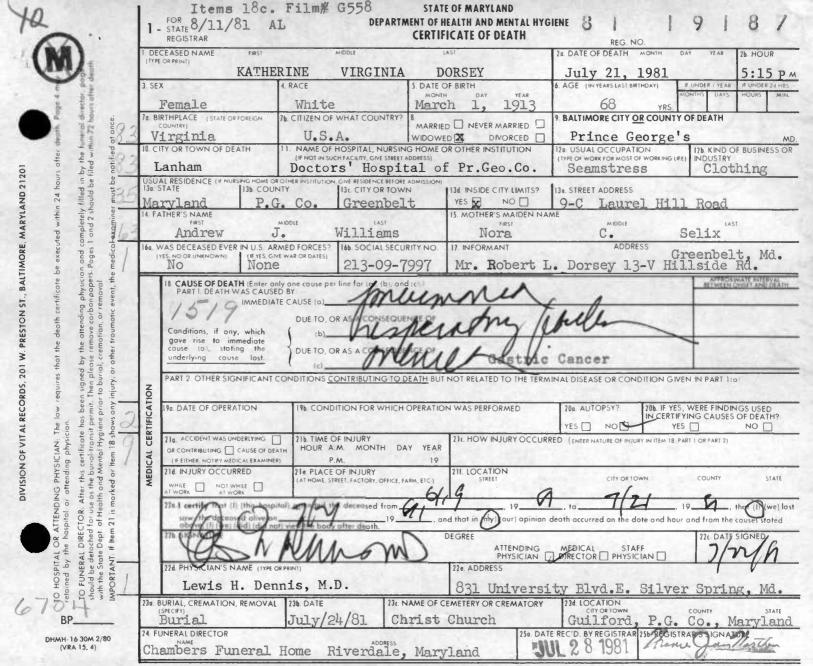
	' '	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0			
		CEASED NAME	FIRST	,	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	orter	Fr	cancis	Do	dson			7	1 1	981	AA
	1 SEX		OTCCT	4 RACE	diretb	S. DATE	OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER 24 HR5
	Ma	ale		Whit	:e	MONT:	21 191		70	YRS.	MONTHS	CIAYS	HOURS MIN
4	/ BI	RTHPLACE ISTATE OR F	OREIGN		WHAT COUNTRY	? 8			BALTIMORE CITY			ATH	
1		ountry) est Virgin	ia	U.S.	Α.	WIDOWI	D 🔀 NEVER MARRIED		Prince Ge	orge	s		MD
1		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	N	12a USUAL OCCUPAT	ION	12b		F BUSINESS OR
4	La	aurel		100	HEACILITY, GIVE STREE Laure		ital		Superviso			eth.	Steel
高	USU	AL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION		RE AGMISSION)		rea lu	3e STREET ADDRESS				
0		arvland	1 1	timore	Edgeme		YES NO X		2407 Mann	ing A	Avenu	ie	
41.0	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAM				LAS	
7		Robert		L.	Dodsor	1	Mayber	n	WIGGE			4	rick
ò		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	***	ADDR	ESS240"	7 Mar	nin	g Ave.
-02-	No		(11 123, 014)	E WAN ON DATES	213-09-	-0534	Ann J. Do	od so			tol N		21219
5-0		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line far (a), (b), a	nd Ichi					В	APPROXU	MATE INTERVAL
90		PART I. DEATH W		:D BY: TE CAUSE (0)	CU2	2							
		4029		DUE TO, O	R AS A CONSEQU	JENCE OF		Λ					
H		Canditions, if any		(b)	Hunz	An.	war CV	Deis					
Z		gave rise to imi cause (a), statii	ng the	DUE TO, OI	R AS A CONSEOL	JENCE OF		9					
2,		underlying couse	e last.	((c)	10	14.7							
QUERZ.	7	PART 2. OTHER SIG	NIFICANT	CONDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	VAL DISEASE OR CON	DITIONG	IVEN IN F	ART 110	3 8
On	CERTIFICATION									Ton one	(B.O. 1. (B.O.B.		
DRI	ICA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?				OF DEATH?
0	RT	21a. ACCIDENT WAS UN	DEBLUME F	211 71115 0	F IN HIRV		Tale HOW IS HIRV O	CCURRE	YES NO	_	YES		NO []
K		OR CONTRIBUTING		216. TIME O	M. MONTH [DAY YEAR	ZIE, HOW INJURY O	CCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART I OR	PART 2)	
DR,	EDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE		19	21f LOCATION						
	MEC		HILE D	(AT HOME, STE	REET, FACTORY, OFFICE,	, FARM, ETC.)	STREET		CITY OR TO	WN	cou	NTY	STATE
BY													
A		220.1 certify that (1) sow the deceos			e deceased fram.		nd that in (my) (our) ap		, to		. 19		that (I) (we) last
SE		obove, (I) (we) (did) (did no	t) view the body	ofter death.		DEGREE			are and ne			SIGNED
LEASED		17	(1	1	,		ATTENDI	ING _	MEDICAL STA	FF		t, DAIL	SICINED
H		22d. PHYSICIAN'S N	AME (TYPE C	10 PRINTI	~		PHYSICI 22e ADDRESS	IAN 🚽	DIRECTOR PHYSIC	CIAN			
2				dsor, M.	D			hh D	oint Di	D = 34 -	ME		
	22- 0	URIAL, CREMATION.				NIAME OF C	EMETERY OR CREMAT		oint Rd.,	Balto	o. MD		
		Burial	REMOVAL						CITY OR TOWN		COUNTY	-	STATE
	24 Ft	JNERAL DIRECTOR	Duda '	7/6/	ST F	sel Ai	r Mem. Gard	dens o. DATE	Bel Air	25b. REGI	arfor STRAR'S S	d SIGNAT	MD Dresser
		7922 Wise				2122		JUL	6 1981	0	An	R	Marine Marine
		1922 MISE	Aven	ue, Duno	Iark, MD	2122	4	AOL	- U 1381	The same	THEY	12	Search

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched for use as the burial-tronsit perm with the State Dept. of Health and Mental Hygiene pr

IMPORTANT: If Hem 21 is marked or





	THE RESIDENCE OF THE PROPERTY	
	The State of	ty and the
		atilya,Y
Children arous Terri	All All Districts of Maria	Alle Tall
To the same of the	one 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	178214
of so company	resolt of the perfect of the state of	
o a train of		
Nation 1	CAY WANT !	
	- year of the same of the same	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH YEAR (TYPE OR PRIN SEX IF UNDER I YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR MONTH 67 DAYS XXXXFEMA TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED DIVORCED WIDOWED HE CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR HOUSEWITE INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 .omm USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) St. Mary 13e STATE Chaptico 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. NO T General Delivery YES] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME H. MIDDLE Brown MIDDLE Thomas Can Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-54-6365M Walter No Douglas Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and ic! PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOW YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 10 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (this haspital) attended the deceased fram sow the deceased plive on and that in (my) (prinion death occurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL uld be dete PORTAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS ÷ 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE Charles BP. -6 - 81Memoria] Burial eonardtown 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Clarke Mattingley Leonardtown, Md

Market State State Ages 80 65 4 EV. A waster and the second to be a second of the second to the end avora ... desco. of the manage of management werther medical the street of the white the second of the second the first was the contract The state of the s

MARTINA Kasa San 18 18 18

CLEHROL KINDICKS U.S.A. PENGE BEREGES COUNTY
LARGO Mr. MAKOR GAR NIKYAWA HOME PAYMYL SUR, U.S. COUNTY

LARGO, MI. MANCE CHE NURSANG HOME PRYPHILL SUP. U.S. GOV. 1.

Nd. (Grarles Indian Heat X 10 Green Meadows On.

Rt. it rbox to serve to serve

Termine to the fourth

7-24-81 34

Berry Romenburg N.D. Chertes Cem. Stymons theries namy and

r. poge 3

g physicion and completely filled in by the angopers. Pages 1 and 2 should be filed w

medicol ex

should be detached for use as the buriol-transit permit. Then please remove corbanopaers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item. Is shows any injury, or other troumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending

or offending physicio

retoined by the hospital

Jeoth. Poge

	STATE OF MARYLAND	
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE &	
		REG. NO.

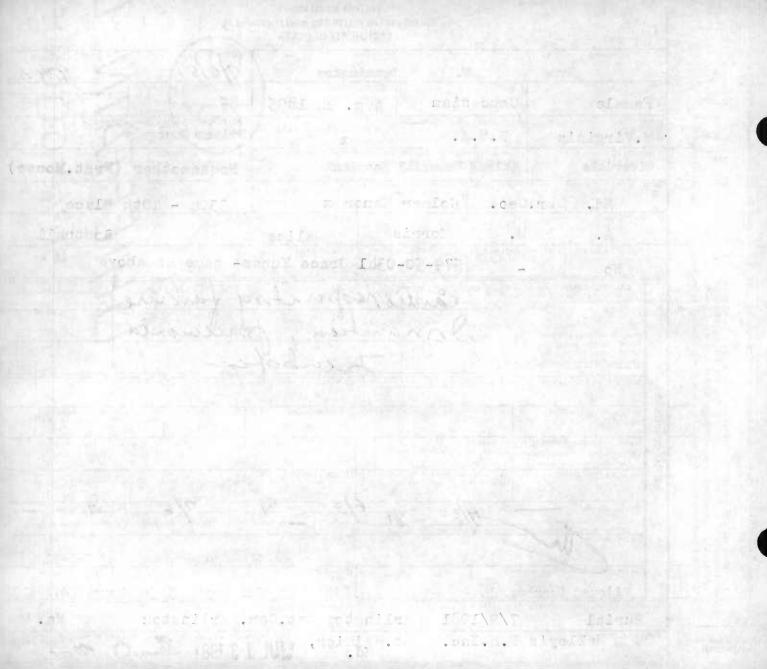
FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	19190
1. DECEASED NAME FIRST	MIDDLE	LAST .	26. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
Erma	М.	Dunnington	7/6/81	9:40 A.M
3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	(1) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Female	Caucasian	Aug. 24 1895	85	YRS.
70. BIRTHPLACE (STATE OF FOREIGN W. Virginia	U.S.A.	MARRIED NEVER MARRIED	I Prince Lanro	
10 CITY OR TOWN OF DEATH Riverdale	Leland Memor	URSING HOME OR OTHER INSTITUTION TEL ADDRESS SPITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEMOTE)	RKING LIFE) (PAT HOUSE)
	DUNTY 13c, CITY OR			Oth Place
14 FATHER'S NAME FIRST A	More More	ris Alice	NAME	Southall
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)		security no. 17 Informant 50-0341 Grace Yul	ADDRESS 185 - Samo as	above
Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONS	EQUENCE OF Deabo	RMINAL DISEASE OR CONDITIC	ON GIVEN IN PART FIG.
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN I	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	on the body after death		on death occurred on the date of	nd hour and from the couses stated
279. SIGNATURS	- I was a second annual and a second	DEGREE		220 DATE SIGNED
/ W		ATTENDING PHYSICIAN	MEDICAL STAFF	7-6-81
224 PHYS CIAN S NAME IT	HOLENOT.	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-6-81
Vijayan Cha		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	□ 7-6-81 lensburg, Md.20710

ADDRESS Mt. Rainier, Md.

256 DATE REC'D. BY REGISTRAR BY REGISTRAR'S SIGNATURE

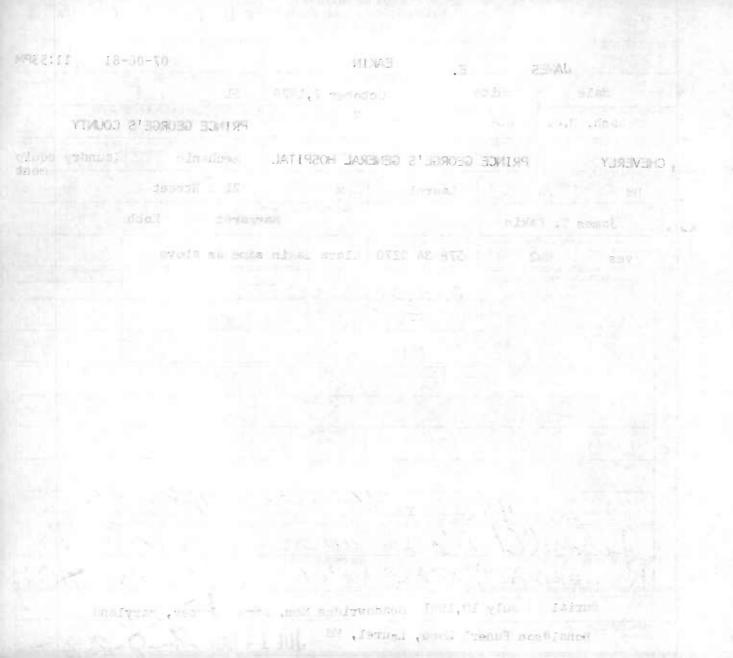
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR 1 ey's



10		11-	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH SEC NO.														
		1. DE	REGISTRAR CEASED NAME E ORPRINT)			MIDDLE		EK.2	LAST	CATEC	OF DEA	2a. DATE KI	ESTI-	MONTH	DAY	YEAR	2b. HQUR
	SSARY, PLEASE RAL DIRECTOR. R YOUR FILES HINTERFORE	CEN	BERNARD EDWARD EAGLESTON DEATH MATED JUL 30 19 81 10:0										10:00				
6			IALE	CAUCASIA	JUN /,	1908	6. AGE (IN YE. LAST BIRTHD) 73	MONT	DER 1 YR.	IF UNDER	MIN.	PRONOUNC DEAD		JUL		YEAR 19 81	10:00
0	S S S S S S S S S S S S S S S S S S S		RTHPLACE (SI		UNITED STATES Baltimore city or country:									MD.			
	S E S E S		DREWS A		MALCOLM	PITAL, NUR CIUTY GIVESTA GROW	SING HOME	OR OTH	ER INSTITU	TION NTER		ALOCCUPA OST OF WORKING		E OF WORK	OR	ND OF BUSTR	INESS
21201	2, AND 3 TO	USUA 130 S MA	RYLAND	IF IN NURSING HOME COULD PRINC	F OTHER INSTITUTION, G		RESTVI	LLE	13d. INSIDE C		352 SIR	ET ADDRES	S VALE	AVE			
	2 S. P.	14. FA	THER'S NAME		MIDDLE				15. MOTH	R'S MAIDE							
E, A	SES 1.	_	EDDIE	C	. EAC	LEST	ON			KAT	E		M.		GLI		
BALTIMORE, MD.	URS AFIEK DEATH. IF. WITH FORM PM 3. PAGES 1 AND 2 SP DIVISION OF VITAL	lóa. V	VAS DECEASED ES, NO OSUNKNO YES	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	13.10	-05-97		17. INFOR		E. SH	IANAHAI	ADDRESS, N 538				21401
301 W. PRESTON ST.,	JTED WITHIN 24 HOU N PENCIL IN JTEM 18 EXAMINER ALONG 18 1AL-TRANSIT PERMIT. MENTAL HYGIENE, E OR REMOVAL.		Candition gove ris couse (a) lying cau	s, if any, which e ta immediate stoting the under-	DUE TO, OR (b) DUE TO, OR (c)	AS A CONS	OSCLER SEQUENCE O	OF OF				R DIS	EASE		BETW	pproximate veen onset	AND DEATH
DIVISION OF VITAL RECORDS,	"PENDING" II "PENDING" II SED AS A BUR HEALTH AND CREMATION, (CERTIFICATION	19a. DATE OF		CONTRIBUTING TO DEATH		HICH OPER				RT 1 (a).				120 A	UTOPSY?	
ITAL	E SENSI	TIFIC														res 🗆	NOXX
ONOFV	CERTIFICATE SHE TING THE WORD BE TO THE CH S SHOULD BE U DEPARTMENT OF PRIOR TO BURNAL.		UNDERLYING	OR CAUSE OF E		. MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER N	ATURE OF INJUR	RY IN ITEM 1B P	PART 1 OR PA			
DIVISI	I HIS CEKTING SWARDED T PAGE 3 SH STATE DEPAI	MEDICAL	21d, INJURY O WHILE AT WORK	NOT WHILE C	STREET FAC	OF INJURY FORY, FARM, ETC			CATION			CITY OR TOWN		CO	UNTY		STATE
	EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 212		22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S I	y that I taak charg d from: Natur	e of the remains design and courses	Accident	. Sui	Autop	Hamic TITLE (S	PECIFY) eputy	Undete	Inquiry [rmined moni	ner ,	DATE SIGNE	2		-81
2101	EXEC PAGE TO FI AFTER BALTI	23a.Bl	(TYPE OR PRIN JRIAL, CREMAT PECIFY) Buria	ION, REMOVAL 2		23c. N	AME OF CEA	LETERY O	R CREMATO	DRY	23d. LO	CATION		COUR	ATY	STA	
6.	DHMH - 17 VR A15 ME (5)) 15M 7/77		NERAL DIRECT		E Wilhe	lm .	. Vet 4308 itlan	Suit	land	25a. DATE P	REC'D. BY	registrar 1981	111 am	STRAPES S	IGNATI	URE arth	

10	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	1 9 1	9 2
(M):		CEASED NAME FIRST		MIDDLE		AST	26. DATE OF DEATH	07-06-81	26 HOUR 11:53PM
100	0.05	JAME		E	EAK 5. DATE C		1.465		M
ge 4 m ector.	3. SE	Male	4 RACE Whit	e		tober 7,1929	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN
deoth. Po mn 72 hou of ance.	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		ORGE'S COUN	ry _{MD.}
by the full filled with	LES.	HEVERLY	PRINCE	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A GEORGE S	G HOME C DDRESS) GENE	RAL HOSPITAL	126. USUAL OCCUPATION OF STATE OF WORK FOR MOST OF MECHANIC		of BUSINESS OR
tilled in ould be t	USU 13a	AL RESIDENCE (IF NURSING JOME OR STATE 136 COUNTY PG	OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	130 SZET BOSES	eet	ment
cote be executed within 24 hours systicion and completely filled in by opers. Pages 1 and 2 should be fill yol. wol. it, the medical examiner must be not, the medical examiner must be not.	14. F/	THER'S NAME FIRST T. E	akin	LAST		15. MOTHER'S MAIDEN NA	me rgaret MIDDLE	Kobb	.ST
MORE, or execution on ond co		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV YES	MED FORCES?	578 34		17. INFORMANT Clara Eakin	same as abo		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B NG PHYSICIAN: The low requires that the death certificat rather this certificate has been signed by the ottending phy os the build-trassit permit. Then please remove corbono th and Memtal Hygiene prior to buriol, cremotion, or remov orked an Item 18 shows any injury, or other troumatic event	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, O (b) DUE TO, O	OR AS A CONSEQUE	4501	alouse	MENS INAL DISEASE OR CONI	DITION GIVEN IN PART 1	(0)
he low reformed has been to permit, iene prioriows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
AL OR ATTENDIAL HOSPITOLO IN THE HOSPITOLO OF THE CTOOL OF THE CTOOL OF THE OPEN. OF HEAD IS IN THE OPEN. OF HEAD IS IN THE OPEN.	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETIMER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK NOTWHILE 22a.1 certify that (I) (this hospi sow the deceased alive an above (I) (we) (did) (did no 22b STONATURE	HOUR A. P. 21e PLACE (AT HOME STI	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA De deceosed from	19 ARM, ETC.)	211. LOCATION STREET 19 d that in (my) (our) opinion of operation of the physician [Physician [Ph	CITY OR TO	wn COUNTY te and hour and from He	STATE that (I) (we) lost
TO HOSPITA retoined by TO FUNER should be d with the Sto		BURIAL, CREMATION, REMOVAL	A. V		SA IAME OF C	P66H	C/Q (verly	MP.
0103BP		(SPECHY) Burial	July	10,1981	Meado	wridge Mem. I	Park Dorsey	, Maryland	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	UNERAL DIRECTOR NAME Donalds	son Fune	erl Home,		250. DAT		256. REGISTRAR'S SIGNA	TURE



7	STATE OF MARYLAND POR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIR	51	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR	
9 (100	(IIIFE	OK PRINT)	TTO		EHR	RLE	4.5	07-04-81	10:10AM	
À O E	3. SE	(4, R.	ACE ,	5. DATE		6. AGE (IN YEARS LAST B			
a ge	1	MA/E	C	AUCASIAN	AUG			87 YRS.		
Pod is Poor	7e. BI	RTHPLACE (STATE OR FOREIG	N 7b C	ITIZEN OF WHAT COU	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA		
nero nn 72		EW YORK		USA	WIDOW			GEORGE'S	'S MD.	
with with	10 CI	TY OR TOWN OF DEATH	11.	NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPA		ND OF BUSINESS OR	
by the	CHEVERLY			INCE GEORGI	E'S GENER	AL HOSPITAL	FARMER	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR		
BALTIMORE, MARYLAND 21; cote be executed within 24 hour spicion and completely filled in opers. Pages 1 and 2 should be wel. it, the medicolexaminer must be	130 S	AL RESIDENCE (IF NURSING HI TATE IRCHAND THER'S NAME FIRST ALBERT	PG.	BERU	or town Hts.	YES NO 13. MOTHER'S MAIDEN I	5902 TEC	LEHA	LAY	
E, M	16a W	AS DECEASED EVER IN U.	S ARMED		AL SECURITY NO.	LOUISE 17 INFORMANT	ADDI	LENA	MKH	
IMORE TO BE EXECT TO BE EXECUTE	(1		N/A	R OR DATES)	26-3212A		SAME AS			
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove corban p uriol, cremotion, or remo	rion	Conditions, if pny, whit gove rise to immedia couse (0), stating to underlying couse lo	AUSED BY EDIATE CA	DUE TO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTO	NSEQUENCE OF	WYVELS NOT RELATED TO THE TE	RMINAL DISEASE OR COR		PPROXIMATE INTERVAL WEEN ONSET AND DEATH	
n. n	IFICATI	19a DATE OF OPERATION		19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE F	USES OF DEATH?	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to be orked or frem 18 shows any injury	MEDICAL CERTI	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME: STREET, FACTORY,	19	211. LOCATION STREET	YES NO			
AL OR ATTENDING r the hospital or out AL DIRECTOR: Affer detached for use as 1 of Dept. of Health of It: if them 21 is market		220.1 certify that (I) (this sow the decased ali	hospital) i	ottended the deceosed	1987/10	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	on death accurred on the of	27c,	, that (I) (kg) lost in the couses stated	
TO HOSPIT retoined by TO FUNER should be d with the Ste	1	124 PHYSICIAN'S NAME SUN I URIAL, CREMATION, REMO	E POVAL 23	CHAN CA		220 S	Rus GOLT R	d. lell	ge pak	
PI BP		BURIAL		7 July 1981	CASI C	OCHECTANO		The second second second second	EWMORK	
DHMH-16 30M 2/80 (VRA 15, 4)		NERAL DIRECTOR NAME RANT F.H. 901	3 AN	NAPOLIS RA.	LANHAM	md, 250. C	A PARAMECICION	256 REGISTRAR	MATURE	

07-04-81 10:30AM

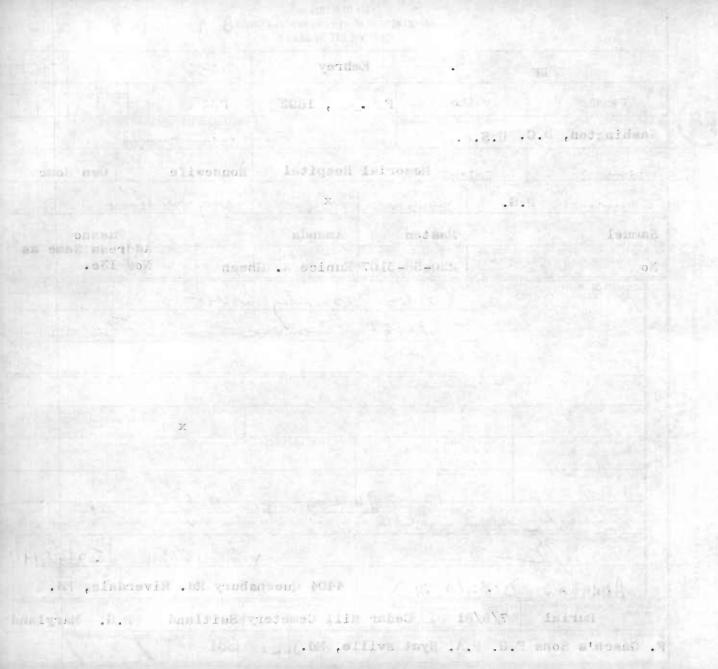
2.23au = 124

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Doy 1981 Mary 8: 40AM July Butler Eldredge 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost-birthdoy) MONTHS HOURS March 18 1902 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Illinois U.S.A. WIDOWED TX DIVORCED Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
House Wife **INDUSTRY** BALTIMORE, MARYLAND 2120 Hill Crest Heights 130. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWNHOLD 33d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY odmission) STATE Prince George Hill Crest 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Butler Nettie Loveland John 4041 Address 27th, Ave 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Son) (Yes, no or unknown) (If yes give war or dates of service) 034-18-8319 Richard Eldredge Hill Crest Heights Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 301 W. PRESTON STREET, Respiration weeks IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) CARCINOMA rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceosed from 9/25, 19 25, to 7/25, 19 57, that (I) (we) last saw the deceased alive an 7/18 19 57, and that in (my) (aur) apinion death occurred on the date and hour and from the 9/25, 1978, to____ 7/18 19 61, that (1) (we) last causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE Charles & Color 10 STAFF DIRECTOR -DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 3710 Reivera Drive Markow Heights Md NAME (Type) Charles 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) CREMOVAL (Specify) Washington, D.C. Lee"s Crematery July 19 1981 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M DATE JUL 2 8 198 Lee Funeral Home 300 4th, St N.E. D.C. (VR A15 (4))

Serial and the serial s Illinofus U.S.V. suforiffI ett sandk ev 1375 ff. or et to t ff. Terrine - Fire Oscor #11 Joseph Mar Will 27th, Value John W Hales Involute Loyal, D 1601 2(755 75 None Roma 15-1510 Trainer 1 rest of 111 Overy 144 from 1 L.M. (4 DE FLIEN To the state of th Lie Emeral not got the party of the

STATE OF MARYLAND



CERTIFICATE OF DEATH REGISTRAR REG. NO **BALTIMORE CITY OR COUNTY OF DEATH** Georges County 120. USUAL SCEUPATION 126. KIND OF BUSINESS OR Commercial Artist 401 Eleanor Avenue Harrer 5911 Center Dr. Clinton, Md. 20b. IF YES, WERE FINDINGS USED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🥻

IN CERTIFYING CAUSES OF DEATH? YES NO T

> COUNTY STATE

26 HOUR

22c. DATE SIGNED

Scottsdale

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

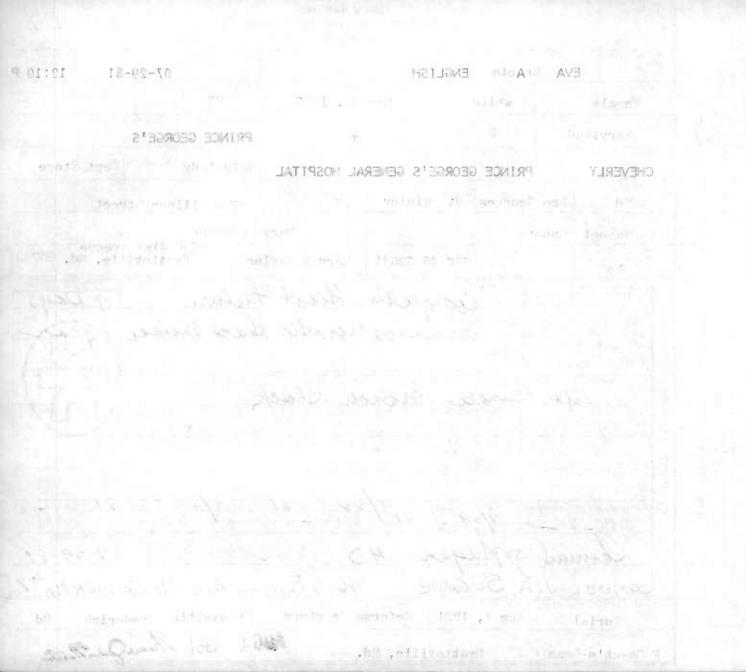
- STATE

24 FUNERAL DIRECTOR Lee Funeral 3 Old Alexander Ferry Rd., Clinton,

REGISTRAR TO REGISTRAR'S SIGNATURE

say of Calnumburaness Filesva gunero call ou se stematore unathing streviscement Contains a respectional desert 1955-7-550 H. A. A. A. A. Statemental sinks the grateged alidera corpline and remain for the contract of the co

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		191	9 7
deoth		CEASED NAME FIRST	Snoots ENGLI		LAST	REG. No. 20. DATE OF DEATH	07-29-81	26 HOUR 12:10 A
safter	3. SEX	Female	4. RACE white		DF BIRTH 23, DA 1896 EAR	6. AGE IN YEARS LAST BIR	YRS.	
ABF	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRII WIDOW	D NEVER MARRIED	PRINCE GEO	RGE S	JW
174		TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE PRINCE GEORGE	STREET ADDRESS		12ª USUAL OCCUPATION PROPERTY Saleslady	ON DE WORKING LIFE) 126. KIND DUSTRY	Store
RF	13a S		ROTHER INSTITUTION, GIVE RESIDENCE NTY Georges Mt R	TOWN TOWN	134. INSIDE CITY LIMITS? YES NO		son Street	
John Co		Samuel Snoo			15. MOTHER'S MAIDEN NA	Dawson	silst Avenu	AST
medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) [IF YES, GI		SECURITY NO.	Mary S Tayl	or Hy	attsville,	Md. 20782
we any injury, ar ather the	IFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	Bungle	GIODEATH BU	TNOT RELATED TO THE TERM LU DLOLL DN WAS PERFORMED	ANAL DISEASE OR CON 200 AUTOPSY? YES II NO XX	DITION GIVEN IN PART I	INGS USED
ar Hem 18 shaws	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P.M. 21e. PLACE OF INJURY	H DAY YEAR	211 LOCATION		RY IN ITEM (B. PART) OR PART ?)	
If Item 21 is marked	ME	WHILE AT WORK NOT WHILE AT WORK 220. I certify that (I) (this hosp saw the deceased olive or above (I) (did)	7/29	rom Z			ate and hour and from th	, that (I) (we) last
with the Stat	23a	SAMUEL J. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	50GAI 1 23b. DATE Aug 1, 1981	23c. NAME OF	220. ADDRESS 4637 EAST/ CEMETERY OR CREMATORY me Cemetery	23d. LOCATION Knoxville	MTRAINIE Frederick	R. Mo
2/80	24 F	UNERAL DIRECTOR NAME Gasch's Sons	ADD	rille, M	25g 71		251 GISTRAR'S SIGNA	



Suitland, Md.

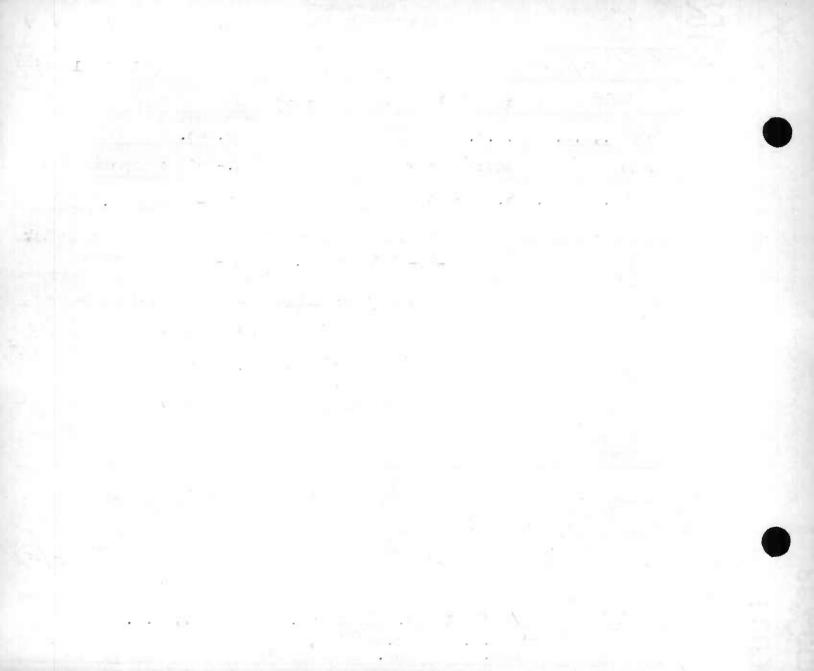
- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

medicaline land and stude Severe arteral schedule developmentar abstrace

		FOR			TE OF MARYLAND	name (t) 1	1 0 1	0 0
	1 -	STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	191	7 7
76		CEASED NAME SWST	MIDDLE AIDOLE	0 6	-APPIN	20 DATE OF DEATH MONTH	16 1981	ъ. ноив 5 2
(例)	3. SE	Male	1 RACE Caucas:	ion Mon	OF BIRTH TH SAY YEAR 1915	6 AGE (IN YEARS LAST BIRTHDAY) 66 YRS	MONTHS DAYS	IF UNDER 24 HRS
72 mg		RTHPLACE (STATE OR FOREIGN DUNTRY) Wash., D.C.	76. CITIZEN OF WHA	T COUNTRY?	ED WEVER MARRIED	9 BALTIMORE CITY OR COUN		
by the funiled within		TY OR TOWN OF DEATH Lanham	11. NAME OF HOSP		OR OTHER INSTITUTION	126 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING HOUSE TINKS	126 KIND OF INDUSTRY.	BUSINESS OF
d be	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OF	NTY	RESIDENCE BEFORE ADMISSION CITY OR TOWN LANDS 10	13d. INSIDE CITY LIMITS?	ISR STREET ADDRESS 77111 - Cros	s St.	_
12 sho	14. FA	THER'S NAME FIRST Charles	MIDDLE	Farrin	Is MOTHER'S MAIDEN NA	ME	LAST.	ormick
	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. E WAR OR OATES) 5	50 CIAL SECURITY NO. 77-14-812	17 INFORMANT	ADDRESS	address	
n signed by the attending Then please remove carbo to buriol, cremation, or re njury, or other froumotic e	NO	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR'S	A CONSEQUENCE OF	MANUTAL TERM	MINAL DISEASE OR CONDITION O	GIVEN IN PART 1(0)	2 yrs
te hos beer isst permit. grene prior shows only i	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERATION		YES NO NO CER	PES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH? NO [
ending physic this certification the buriol-trans and Mentol Hyg	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	MONTH DAY YEAR	3	RRED (ENTER NATURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)	
orrends frer this os the bu h and M sirked or	MED	21d. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21R PLACE OF IN (AT HOME, STREET, F.	ACTORY, OFFICE, FARM_ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
hospital or RECTOR: A hed for use ept of Healt them 21 is ma		220 I certify that (II) this hasp saw the deceased alive on above, (II) type I afte (did no 22b. SIGNATURE	711	6/90/0	and that it (my) (our) apinion	death occurred on the date and h	/	
TO FUNERAL DIS should be detach with the State De IMPORTANT: If th		224. PHYSICIAN'S NAME (TYPE O	M PRINT)	sich till	ATTENDING PHYSICIAN 22R ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	17/	16/8
BP 603	(BURIAL, CREMATION, REMOVAL SPECIFY) BUPIAL	7/20/19		cemetery or crematory ivet Cem.	23d LOCATION CITY OR TOWN Wash., D.	C . COUNTY	STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR Nalle	y's F.H.		Rainier, 250 DA	TE REC'D. BY REGISTRAR 256. REG		RE Marthan



X	FOR			DEPARTMENT OF		ARYLAND I AND MENTAL I	HYGIENE I	192	0 0
9	- STATE REGISTI	AR	M	EDICAL EXAMI			DEDEATH	5. NO.	
	1. DECEASED			MIDDLE		LAST	20. DATE KNOW		YEAR 26 HOUR
\$888E		Lacy		Lee		ULKNER	DEATH MATE	oury III	981 M
202	Mal	RACE White.	Apr. 1		DAY) MONT	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 2d. HOUR
NECESSAR FUNERAL D 5 FOR YOU WITH	7a. BIRTHPLA	CE (STATE OR	76 CITIZEN OF	WHAT COUNTRY?	8 MARRI	ED NEVER MARK	9. BALTIMORE CI	TY OR COUNTY OF DE	
2 # 3 E 6 7 -	10. CITY OR T	own of DEATH	11. NAME OF HO	OSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS Hospital	of P.	ER INSTITUTION	124 USUAL OCCUPATION FOR MOST OF WORKING LIFE Retired Co	ORI	O OF BUSINESS
MD. 21201 H. IF ANY DELA 7, 2, AND 3 TO T A 3. RETAIN PA 2 SHOULD BE F 2 SHOULD BE F	USUAL RESID	ginia	R OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS 130. CITY OR TOWN Grundy.	SION	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS		
DEATH. 1 GES 1, 2, M PM 3, AND 2 S SEVIFAL		n William		er.		15. MOTHER'S MAID Sarah	EN NAME MIDDLE	Daniels	ST
ALTIMO AFTER I SIVE PAG TH FORM AGES 1 VISION 6	16a. WAS DEC (YES, NO, OR NO	EASED EVER IN U.S. ARA UNKNOWN) (IF YES, GIVE Y		224-03-18		17. INFORMANT Grundy F	uneral Home		Va.
L RECORDS, 201 W. PRESTON ST., BALTIMORE, M. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, FF MEDICAL EXAMINER ALONG WITH FORM PM. FEATH AND MENTAL HYGIENE, DIVISION GEVILT HEALTH AND MENTAL HYGIENE, DIVISION GEVILT AL, CREMATION, OR REMOVAL.	Co go co lyi	IMMEDIAT IMMEDIAT IMMEDIAT Inditions, if ony, which we rise to immediate use (a) stating the under- ring couse lost. THER SIGNIFICANT CONDITIONS ((b) DUE TO, C	DR AS A CONSEQUENCE	OF		seeled dis	eus C	EN ONSET AND DEATH
₹ 수윤물305	CERTIFICATION 116 TO THE TRICATION 1210 EX	TE OF OPERATION	19b. CONE	TYON FOR WHICH OPE	1 "	AS PERFORMED?			ITOPSY?
DIVISION OF VITA S CRETIFICATE SHO RITING THE WORD REED TO THE CHIE E 23 SHOULD BE US TO EPEPARTMENT OF TO PRIOR TO BURK		TERNAL CAUSE WAS LYING OR IBUTING CAUSE OF D	HOUR A.	OF INJURY .M. MONTH DAY YEA .M. 19	AR 21c HC	OW INJURY OCCURRI	ED (ENTER NATURE OF MJURY IN ITE		3 LI NO WY
DIVISI THIS CERT WRITING VARDED PAGE 3 SH FATE DEPV	I W	URY OCCURRED NOT WHILE C	STREET EA	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CRETIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CAP OF UNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU	ACTUA SIGNA	Aura	ol couses A	Acquident S RIGUE MD S	Autop	Homicide	Undetermined monner Undetermined monner	ond in my opinion DATE SIGNED	-12-81
Bb	23a. BURIAL, C	REMATION, REMOVAL Burial.	caly 15.1	0 2003 AME OF CI	metery o	RCREMATORY 11ey Mem	. 23d LOCATION CITYOR TOWGrund	y county Vi	rgiĥia.
Tel DHMH-17 (VRA15 ME (5))	1. Ch	Ler Hellers	Takome	Funeral st.	Hom N.	W. D. T.	REC'D. BY REGISTRAR 15 1981	REGISTRAP'S SIGNATUR	Clon

to soit ,or . were attitle after tod Jacket, to. T. S. Territory Cont Minure. John Hillian Faultmer. .bleinst Allerdanis . e. and format gamera for i-re-sec The same of the sa . no willed abstracting to play . In Fault

7	STATE OF MARYLAND	
4	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	
·	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	_
e ω €	(TYPE OR DENT)	
oy be	Co G	M.
a de la	3. SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 EUNDER 24 HR. MONTHS DAYS HOURS MAIN	
rs of	F. Black 18 143 38 YRS MONTHS DATS HOURS MIN	*.
Poge	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH	_
deoth.	COUNTRY) 1/ S A MARRIED M NEVER MARRIED	
	MIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS O	AD.
offer o	(IF NOT HYSLICH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY)K
File of S	Clinton, Md. Southern Maryland Hosp Could Housewife	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. If the this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filled into and Memoral Pygleine prior to buriol, cremation, or removal. On the proof of them 18 shows any injury, or other traumatic event, the medical examiner must be recovered or them.	USUAL RESIDENCE (IF NURSING HOME OR OTHER NOTION GIVE RESIDENCE BEFORE MAINSION) 130 STATE 130 COUNTY 131 CITY OR TOWN 132 INSIDE CITY LIMITS? 138 STREET ADDRESS	
ND 24 I	Maryland Brandywine 13d INSIDE CITY LIMITS? 13d. STREET ADDRESS 135 SOuth Hill Road	
Within within letely f d 2 sho	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	_
MARY mplete and 2	FIRST MIDDLE LAST FIRST MIDDLE LAST	
A on or	11 divide notines	
AORE ond c oges	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 3511 South Hill Road	
MORE e exec Poges	no 578 58 3556 Robert Fennell-Husband	
ALTI icrost	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
ficate paper paper povol.	PART I. DEATH WAS CAUSED BY:	-
Certific Cer	1/2 m/ mmediate cause (0) hypertursive lucephalopality.	_
RESTON e death ce e attendin move carb nation, or traumatic	DUE TO, OR AS A CONSEQUENCE OF	
the deal the otter remove temption	Conditions, if any, which (b) type teurs in .	
PR the	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
that the same of the cree of t	underlying cause last.	
201 s the ed b pleo rriol,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	=
source equire ry, sign to bu		
OR reen	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO YES	-
S been s been s prior	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
TALRI The la sicion.	YES NO YES NO NO	
ION OF VITAL REINTSICIAN: The loading physicion. This certificate has It is certificate provider from the Mannal Hygiene per Americal Phygiene per Americal Phygiene per Americal Phygiene per Americal Phygiene per Americal Physician per Americal Physician per American Physician Physician per American Physician	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	7
N OF VIII SICIAN: ng physis certifical unial-from unial-from tentral Hy them 18:1	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
IVISION C	(IF EITHER NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	-
VISION G PHY or this ond M ked or	* WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	
DIVISIO DING PHY or after this e as the bo	AT WORK AT WORK	
Q Q Q Q E	22a.1 certify that (1) (this haspital) attended the deceased fram	əst
tro pot 2	saw the deceased alive an 19 19 and that in (my) (ver) printed death accurred on the date and hour and from the causes stated abave. (1) (we) (did) (did not) view the body after death.	
2 0 0 0 0	278. SIGNATURE M. 2 DEGREE 221. DATE SIGNED	
	M D ATTENDING MEDICAL STAFF 7/15/8	-/
HOSPITAL OR ned by the I FUNERAL DIS JID be detach the State De ORTANT; If the	PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS ADDRESS ADDRESS	-
HOSPII Sined b FUNES Sold be Mr the Si	JONE A DOM PRO TOSTA PROTENTA PRO TOSTA PRO TO	1
TO HOSPITAL retoined by the TO FUNERAL with the bode with MPORTANT: I	MRADYLA SINGH Clinton Mg.	
5 5 5 3 3	230. BURIAL, CREMATION, REMOVAL 236. DATE 1/2 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	_
Feb BOOO	Burial // July 1/8, 1981 Harmony Memorial Park Landover, Maryl	an
	24 FUNERAL DIRECTOR COLOR SIGNATURE	
DHMH-16 30M 2/80 (VRA 15, 4)	NAME / / COO / COO MINISTER OF THE COO MANAGEMENT OF THE COO MANAG	
	Stewart Funeral Home-4001 Benning Road N.E.	

although the American property of the est I/III denta I/III ent or new data and tweet William Chiangers and all mars Lissin Bouth Hill read -75 50 3555 vosert sennell-milene divisit to the state of the second of the se a.l. en en o o ono laren das de

5:1	07-11-81	1117	.B YRAN	
		001	ALP ADDRESS HELD	0.70
	PRINCE GEORGE'S			
9 4		CARE CENTER	P.G. NURSING	CHEVERLY
	School Control 1975		niosti i egit eco	
	Figure Source Source		. unacini e	ar la materia
C	Red (chiconing transit of inn	roda Mer-	tsucis un	
CM	NTER VAY PROF.BLDG, GREENBELT,		GEMANN, M.D.	

.

Comments of the land of the comments of the co AND COMPANY THE RESIDENCE OF THE PARTY OF TH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) CHARLES FISHER A 07-23-81 12:00 MID 5. DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR white July 23, 1903 78 Male 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED Washington, DC USA PRINCE GEORGES WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY NURSING CARE CENTER em. Supervisor Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 3105 Queens Chapel Road, Georges Mt. Rainer Marvland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nash V. Edna Fischer Adam 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) 719-01-2947 Mabelle H. Fisher-wife-(same as 13e) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). if ony, which gove rise to immediate couse (o), stating the underlying cause CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T NO F 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN STATE AT HOME, STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that/in/(my) Jour) opinion deoth occurred on the date and haur and fram the causes stated above (N) (we) (did) (drd not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING Should be derived with the Stote DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Washington National Suitland Pr. Georges Md Burial Warner E. Pumphrey, Incorres DHMH-16 30M 2/80 (VRA 15, 4) 8434 Ga. Ave., S.S. Md

CHARLES A FISHER 07-23-81 12:00 MD PRINCE GLORGES CHEVERLY NUPSING CARE CENTER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 28. DATE OF DEATH MONTH 26 HOUR LIYPE OR PRINTS MAXINE ROBEY FISHER 3 SEX A RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Female White August 1. 1922 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Prince George's County WIDOWED DIVORCED IX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Sterling Textile Serv. Doctors Hosp. of I Lanham Hosp. of Pr. Geo. Co. Bookeeper ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland P.G. Hvattsville 6010 39th. Ave. YES DO NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lewis E. Robey Hul da Clark 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Address Same as (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 224-28-1797 No# 13e. Joyce M. Rollins No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) mens/19515 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (Dawe) (did) (did not) view the body after death 226. SIGN MILIRE DEGREE 771 DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b MPORTA George S. Banning, MD 5806 Baltimore Ave., Hyattsville, MD 20781 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 7/10/81 Burial Ft. Lincoln Cemetery Brentwood 2. G. Maryland 24. FUNERAL DIRECTOR REGISTRARIZED REGISTERARY SKEN MAREZ DHMH-16 30M 2/80 F. Gasch's Sons F. H. P. A. Hyattsville, Md. (VRA 15, 4)

	10	coor , r +	tur-01	of his f	01000
					- eletpein
ing A Stamp	teroning				
	v unt ofm	Y	oflivialed	.0.1	bacteral
no englaria		ab full	Robey	. A.	niooi i
		Morde E. Palli	10011267-100		0.0
		- Versie	See See See		
	XUIII				
Send - S.A.		resident diam	ml.1 .1%	18/01/2	felong 1
		AND SERVICE	estimates.	A. T.W. St.	m Shippin IN

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4.	1917	. Topic	000	2
	*	. 4.	8.0	C.J., Mark
mideut, bezitet - refowl				
793L Michael Road		form start	Calr ales	har I m
de realeM FeriolN 1882	V.L.	n	- 14	5 rado bil
. items and the senting	(" makesifat)	JOTE Llen		0,1
18 - J- KTOTE				-1

STATE OF MARYLAND

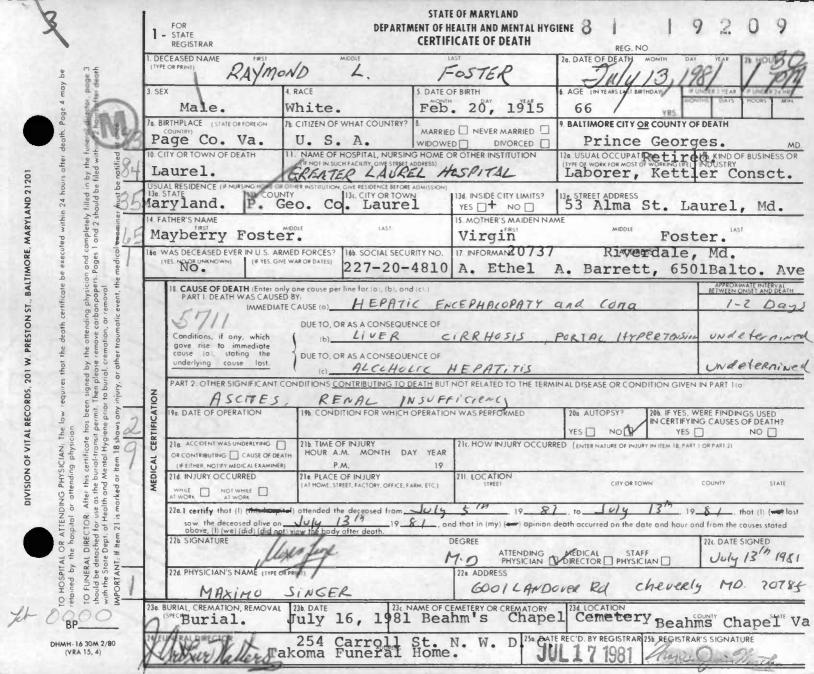
	4 .
1.6	200
	200

2404 TUEMMLER AVE.	х	LANDOVER	PGC	d'aliy a
A STANSON OF THE STAN		WALLS	EVIN	TYRONE
2304 TUEMPLER AVE DATECVER	MOTHER	A\M	AVA	Cvi
				MiG.

PECH CMI

+0 x	7	tems #5&13a F:	Lim G55			E OF MARYLAND EALTH AND MENTAL HY	CIENE Q	100	0.8
10	1-	STATE REGISTRAR				ICATE OF DEATH	REG. N	1 7 %	0 0
		CEASED NAME FIRST		WIDDLE		ASI		MONTH DAY YEAR	26 HOUR
y be ge 3 feoth	(TYPE	OR PRINTI	IF C	AROLV	N F	FUING	Jul	v 21 198	1140 PM
4 mo	3 SEX		4 RACE	10	5 DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE	
oge ecto	1	emak	wn	11e	Nov	. (9,1901	84	YRS	
E TOTAL	C	RTHPLACE STATE OF FOREIGN DUNTRY)		OF WHAT COUNT	MARRIE			R COUNTY OF DEATH	
de de	10 CI	aryland TY OR TOWN OF DEATH	U.S.		RSING HOME		P.G.	ON 12h KINI	D OF BUSINESS OR
1 offe ed the			1			HOSPIT			RY
2120 nours be fill	USUA	Laurel ALRESIDENCE (IF NURSING HOM TATE 1136 CC	E OR OTHER INSTITU	TION, GIVE RESIDENCE I	BEFORE ADMISSION	ltsville	Teacher	Dept	E. Ed.
Filled State		bacture	.G.	Laure		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 22 Post 0	ffice Ave	20707
within within 2 sh	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N			IAST
AM hed v bed v and and		James G	reen	Prui	tt	Frances	Ellen	Jarm	nan
ORE,	16a V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCE	S)	SECURITY NO.	17 INFORMANT		ow Acres	
be e lon or rs. Po		No.		217-3	0-0578	Jane F. E	lliott Lau		
, BA	12	18 CAUSE OF DEATH Ente PART I. DEATH WAS CAU	anly ane cause USED BY			EREST		BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
remit cevel		IMMED	IATE CAUSE to	Cardi			1		
STO eoth trend ve co on, o		Conditions, if any, which	DUE TO	O, OR AS A CONSE	SESTI	VE HEAL	et Failu	ue	
the of th		gave rise to immediate cause (a), stating the	DUETO	D. OR AS A CONSE	EQUENCE OF				
that that that that roth	-39	underlying couse lost	lo lo	- /	osclese	tic boart	Disease		- 100-15
S, 20 uires igned en ple burie	7	PART 2 OTHER SIGNIFICAN	IT CONDITION	S CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
low requirements been since e prior to	CERTIFICATION	190 DATE OF OPERATION	1105 00	NIDITION FOR WI	LICH OBERATIO	N WAS PERFORMED	20c AUTOPSY?	206 IF YES, WERE FINI	DAICSTISE
hos b	IFIC,	THE DATE OF OPERATION	170 00	NADITION TOK WI	TICH OF ERATIO	IV WAS FERT ORMED	YES NON	IN CERTIFYING CAUS	SES OF DEATH?
VITA N: Th ysicio cote onsit Hygie 18 sho	CERT	21a. ACCIDENT WAS UNDERLYING		AE OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		- Land
OF N		OR CONTRIBUTING CAUSE OF	DEATH	P.M.	DAY YEAR				
SION PHYS andin this c e bur d Me	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY	FICE FARM FIC I	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
DIVISION OF VIT	~	WHILE NOT WHILE AT WORK			44				
END olo OR: A Heal		22a. I certify that (I) (this has sow the deceased alive	Section .	3 4	12.	nd that in (my) (and opinion			that (I) (last
ATT nospirite ECTO ed fo or of		obove, (I) (we (the) (did	not) view the b			DEGREE	degin occorred on the do		ATE SIGNED
the the toplay the belong the bel		111:10	. Al	10 7011	0 11	ATTENDING	MEDICAL STAF	FF _ ·	27-81
PPITA by VERA VERA VERA VERA		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	DUVU	-4/00	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IAN	0 10.1
TO HOSP retoined & TO FUNE should be with the S		W.A.	u da	ren		1321 Pru	ine (201ge	Strance	RID
0 5 5 4 3 8	23a. B	URIAL, CREMATION, REMOV	AL 23b. DATI		23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
EL BP/00		Buria1	7/2	4/81	Meadow	cidge Mem.I	DV Dolla		Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	*F?	CK Laurel OI sandy S	Funer	aí Home Rd. Lau	rel, M	d. 20707	UL 2 3 1981	Many Da	Master

Part Andrews Carlotte Francisco Carlotte Company TRIVING ACTION CONTRACT THE PART THE SALE BELLE TO THE THE THE TOTAL TO THE TOTAL TO THE TOTAL THE the same of the sa Many Carlotte and the state of the state of



Tage Co. Wa. 11. S. A. . Prince Cerron. Laurel. Laurel General Connect. Poster. Poster. Poster. Poster. Poster. 227-20-4810[A. Ethel A. Carrett, 69018alte. Ave Burial. July 16, 1981 Beaks a Charged Commission Charge Via



CLARENCE B. FOWLER

PRINCE GEORGE'S

07-20-61 1.15 P.

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL

2	0					STATE C	FMARYLAND				
00			FOR		DEPART	MENT OF HEA	LTH AND MENTAL	LHYGIENE	1 0)	
			STATE REGISTRAR		MEDICAL	EXAMINER	S CERTIFICATE	OF DEATH	G. NO.	-	
			CEASED NAME FIRST		MIDDLE		LAST		N MONTH DA	AY YEAR	2b. HOUR
			E OR PRINT) Mai	-2.	11 1	Frazie		OF ESTI-		IT TEAK	ZB. HOUR
	発展は発生		11/11	"Sha	11 perc	Fluzie	, Sr.	DEATH MATE	7-25	198/	M
	3510E	3, SE)		5. DA	TE OF BIRTH			ER 24 HRS. 2c. DATE	MONTH DA	AY YEAR	2d. HOUR
	A WEST OF	16	Take White	MON	1 LIDAY INFAR		ONTHS DAYS HOURS	MIN PRONOUNCED	475	- 01	1017
6.1	14 1 9 Dell. 1	-		0.7	7/7	LOL YRS.			1-00	190/	PM
89	SERE PRO		RTHPLACE (STATE OR REIGN COUNTRY)	76 CI		NTRY?	ARRIED A NEVER MA	RRIED . SALTIMORE CI	TY OR COUNTY O	FDEATH	
	IN Z TE		Virginia	9-30	USA	WIE	OWED DIVO	PRCED Prmile	WeNGL	-	MD.
	12 T 4 3 -		TY OR TOWN OF DEATH	11. N	AME OF HOSPITAL, NL	JRSING HOME, OR	OTHER INSTITUTION	120 USUAL OCCUPATION	(TYPE OF WORK 12b.	KIND OF BUS	
	2 F ST 9 5/		12		not in such facility, give thern Ma			FOR MOST OF WORKING LIFE		OR INDUSTR	Y
	35-7100		linton				lospital	Ret. En	gineer		
	AND SOULD ECORD		AL RESIDENCE (IF IN NURSING HON				has ment our survey	lia storet innoces			
20	2 E 3 O 7 A	130. 5	Md. 13b. COL	PG		er Marl	138 INSIDE CITY LIMITS			0.00	
2120	L I CO			10	PPP	CI MALIX		-1. DJ00 1103E	mont_St	reet	
		14 FA	ATHER'S NAME	MIDDE	E	LAST	15. MOTHER'S MA	IDEN NAME		LAST	
≥ 2	OOJES PER	100	Thomas		Frazi		Bos	ssie	Seal		
BALTIMORE, MD.	FORM STAN	16a. V	VAS DECEASED EVER IN U.S.	ARMED FO	ORCES? 16b. SO	CIAL SECURITY NO	17 INFORMANT	ADD	RESS	7.1	
IM	A S S S S S S S S S S S S S S S S S S S	(Y	ES, NO. OR UNKNOWN) (IF YES, G	IVE WAR OR	DATES)					Ai	bove
1	RS AFT GIVE WITH F PAGES		No		579	-07-6078	Emma H	Frazier, W	ife, Sar	ne as	
60	8 × × × × ×		18 CAUSE OF DEATH (Enter	anly ane	ause per line for (a), (b), and (c).)				APPROXIMATE I	INTERVAL
ST.	NE, ME		PART I DEATH WAS CAU		MITO	ustelle	she car	dievascular	perland	EL MEEN ONSEL	AND DEATH
Z	24 LONDER		LL & CA & IMMED	IATE CAU	SE (0)						
PRESTON	ZZAFF		T. J. J. J.	. (DUE TO, OR AS A CO	NSEQUENCE OF					
	N S S S S S S S S S S S S S S S S S S S		Canditions, if any, whi		(b)						
3			cause (a) stating the und		DUE TO, OR AS A COL	NSEQUENCE OF					-
	UTED N PE EXA BIAL-		lying cause last.		001 10, 01 NO N CO.	TOLOGETICE OF					
301	0 5				(c)						
DIVISION OF VITAL RECORDS.	S A BU		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIB	ITING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN	PART 1 (a).			
Ö	BE BADIN	Z									
SE COL	PENER	CERTIFICATION	190. DATE OF OPERATION		19h CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?		120	AUTOPSY?	
7	HEER IN	0			178. CONDITION	WHICH OF EXALIO	THAS I EN ORMED.		20	AUTOPSTE	1
Ę	SE CORP	1 1								YES	NO B
- F	WORL WORL THE CI WENT O	1 8	210 EXTERNAL CAUSE WAS		216. TIME OF INJURY	21	C HOW INJURY OCCUP	RED LENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2]		
Z	SHOW HE		UNDERLYING OR		HOUR A.M. MONTH						
0	CERTIFICATE S ITING THE WOI DED TO THE 3 SHOULD BE DEPARTMENT PRIOR TO BURIL	MEDICAL	CONTRIBUTING CAUSE C	DE DEATH	P.M.	19	LOCATION				
ž	S CERTING RITING RDED T RE 3 SH E DEPA	AE		_	21e PLACE OF INJURY STREET, FACTORY, FARM, I	ETC.1	LOCATION	CITY OR TOWN	COUNTY		STATE
۵	ARE GE TE	1	AT WORK AT WORK					C.17 GK 104114	/		JIAIL
	E. THIS RWAR PAGE STATE										
	ATEN TEN TEN TEN TEN TEN TEN TEN TEN TEN	150	220. I certify that I took cho	arge of the	remains described ab	ave, held an A	atapsy L, Inspec	tian . Inquiry .	and in my apiniar	n	
	NE SE LE		death resulted fram: No	tural caus	es Accident	, Suicide	Hamicide L	Undetermined manner			
	CAA ERTI D B VITH RYLV	031	1		000			the second secon			_
	00555×4		ACTUAL THEOR	into	4 Voles	e unand	TITLE (SPECIFY)		DATE	7-26.	-11
	A HE HE HE		SIGNATURE	corp	1. 100-11	11	_M.D Deputy	MEDICAL EXAMINER	DATE SIGNED_	100	01
	DIC FE T SEA ORI		//		11						
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL TER DEATH, LITMORE, M.	1000	(TYPE OR PRINT)	isto	P. Rodrigue	ez, M.D.	ADDRESS 5009	Rayburn Ct.,	Temple Hi	11s. M	d.
1	TO M EXECL PAGE TO FL AFTER BALTIV	20. 0									
70	F M G F ≪ 8	230. B	URIAL, CREMATION, REMOVAL			NAME OF CEMETER		23d. LOCATION CITY OR TOWN	COUNTY	STA	ae -
the	ВР		Burial	17-	30-81 W	ash. Nat		Suitland,			and
170	DHMH - 17	24. FI	NAME ROBT	E	Vilhelm	4308 Su	itland 250 191	LE REC'D BY REGISTRATE			
121	(VR A15 ME (5))	977-		· L V	ATTEMESTIC	land bu.	L C Land	13 U 1981 M	0.	34	
	15M 7/77	FI	uneral Home	1	Rd., Suit	Land, Mo	١.		The state of	Trans	

AND ENDOUGHER OF THE PARTY OF T and a stable burners of the last of the la 189 U.S. 189

	OR .		DEPARTMENT OF H	E OF MAR		IENE I	1 0	0 1	0
- SI		ME	DICAL EXAMIN			SEATH!	, NO.	4 1	ba
	I THISS S			-Klef	m	20. DATE KNOWN OF ESTI- DEATH MATED	MONSH 7-	5 198/	26 HOUR
				MONTHS	1 YR. IF UNDER 24 I	PRONOUNCED	7-9	DAY YEAR	24 HOUR 386 M
PORE	EW YORK	U.S.	Α.	WIDOWED	☐ DIVORCED	1 Bince	George	0	MD.
1	receivery	DI MEL	SLIVED DE	nevel	1	FOR MOST OF WORKING LIFE!	(TYPE OF WORK	OR INDUST	JSINESS TRY
. STA	MD. 136. P	E OBJOTHER INSTITUTION, G	CAMP SPR	NGS 13d	INSIDE CITY LIMITS? 136	6210 AUTH.	ROAD		
	GEORGE	MIDDLE		ON	MARGARE'	T MIDDLE			
(YES,	S DECEASED EVER IN U.S. A NO ORUNKNOWN) (1E YES, G	RMED FORCES? WE WAR OR DATES)							, N.Y.
	gave rise to immedic couse (a) stating the <u>und</u> lying cause last.	ote (b) DUE TO, OR		130	ONDITION GIVEN IN PART 1	0			
וונוגעו	9a DATE OF OPERATION	196. COND	ITION FOR WHICH OPERA	ATION WAS P	ERFORMED?		1	20 AUTOPSY YES	? NO [2]
		HOUR A.A	A. MONTH DAY YEAR	21c. HOW I	NJURY OCCURRED (6	NTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2)	
1									
2	MHILE AT WORK		OF INJURY (AT HOME, ITORY, FARM, ETC.)	21f. LOCATI STREET	ION	CITY OR TOWN	COUN	NIA	STATE
14.5	Id INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that I took cho death resulted fram: No	orge at the remains of the street of the str	OF INJURY (AT HOME, TORY, FARM, ETC.)		, Inspection	Inquiry Indetermined manner MEDICAL EXAMINER	and in my opin	19. 9.	STATE - 81
- E(1	Id INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that I taak che death resulted fram: No CTUAL GNATURE XAMINER'S NAME TYPE OR PRINT) IAL, CREMATION, REMOVE	arge of the remains de sturol causes	OF INJURY (AT HOME, ITORY, FARM, ETC.) Scribed obave, held an Accident , Suit	Autopsy [de , 1 M.D ADD	Inspection Hamicide CSPECIEVE JULY RESS TEMATORY 12	Inquiry Indetermined manner MEDICAL EXAMINER	ond in my opin	9-9-	- 81
E (1)	Id INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that I taak che death resulted fram: No ICTUAL IGNATURE XAMINER'S NAME TYPE OR PRINT)	orge of the remains de sturol causes	OF INJURY (AT HOME, ITORY, FARM, ETC.) Scribed obave, held an Accident Suit OF GUZZ NO CT MD 2003/AE OF CEM METROF	Autopsy [dide , 1 M.D. ADD ADD ETERY OR CR	Hamicide	Inquiry I, Indetermined manner I MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	ond in my opin	9-9- ŽFAX	- 81 - 81
	BIRT FOREI	BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK STATE MD. 13b. CP. FATHER'S NAME GEORGE WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) 18 CAUSE OF DEATH (Enter- PART I DEATH WAS CAUS Conditions, if any, white gove rise to immedia couse (a) stating the under lying cause lost. PARL OTHER SIGNIFICANT (ONOITION) 19a DATE OF OPERATION 19a DATE OF OPERATION	BIRTHPLACE (STATE OR FORECON COUNTRY) NEW YORK J.S. ATTYOR TOWN OF DEATH J.B. CHIZEN OF WARD OF HOLE J. DATE OF BIRTHPLACE (STATE OR FORECON COUNTRY) NEW YORK J.S. ATTYOR TOWN OF DEATH J.B. COUNTRY J.B.	RUTH FORENTY SEX 1. RACE 1. RACE 1. RACE 1. S. DATE OF BIRTH 1. DAY 1. S. DATE 1. DAY 1. S. DATE 1. DAY 1. S. DATE 1. DAY 1. CITIZEN OF WHAT COUNTRY? 1. DAY 1. DAY	SEX 4. RACE 5. DATE OF BIRTH MONTH DAY WAS BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK U.S.A. WIDOWED DITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME, OR OTHER III. III. NAME OF HOSPITAL, NURSING HOME	TYPE OR PRINT! Put	DECEASED NAME TYPE OR HIRM TO THE PRODUCT FOR CHAPTER TO THE PRODUCT OF ESTIMATED AND THE PRODUCT OF ESTIMATED THE PRODUCT OF ESTIMATED TO THE PRODUCT OF ESTIMATED THE PRODUCT OF ESTIMATED THE PRODUCT OF THE PRODUCT	DECEASED NAME TYPE OR PRINT) RUTH RUTH	DECEASE NAME FR. MODIE

18-1-5

Prince feet transver miller resident and statement of the statement C. nilling there's Junde 1 Property Property Considery Constitution D. C. Descrip Carelin Sour Eurosalistique, E. . dentered to the stand

	5	T	A'	TE	OF	M	AR	YL	ANI)
DEDAG	THENT	٥	E	uc	A1	TH	AN	In.	ME	V1

AKTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 2a. DATE OF DEATH MONTH YEAR 26 HOUR ETYPE OR PRINT 07-03-81 **HECTOR** J. **GALLARDO** 3. SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR Male White July 15, 1899 81 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES COUNTY Bolivia U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGES GENERAL HOSP. CHEVERLY Self-Employed Ret. Merchant USUAL RESIDENCE 13a. STATE 13 COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland . G. Cheverly 6209 Forest Road YES DO NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown Unknown ADDRESS Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) No# 13e. 217-36-7342 Leota I. Gallardo No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line to (a), (b), and ici.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY?

21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

MONTH DAY YEAR 19 P.M

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING

PHYSICIAN

STAFF DIRECTOR PHYSICIAN

NO

CITY OF TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22 ADDRES

6501 LANDOVER RD. CHEVERLY, MD.

BARK RUSENBI	KG M.U.
BURIAL, CREMATION, REMOVAL	
Cremation	7/6/81

220.1 certify that (1) (this hospital) attended the deceased from

(did not) view the body after death

210. ACCIDENT WAS UNDERLYING

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

sow the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21d INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION Ft. Lincoln Crematory Brentwood

MEDICAL

P.G.

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

YES [

Maryland

NO [

STATE

24 FUNERAL DIRECTOR

23a.

WHILE

22b. SIGNATUR

FOR

Gasch's Sons F.H. P.A. Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR STORMAURE

DHMH-16 30M 2/80 (VRA 15, 4)

8

MPORTANT:

d b

45000	07-05-81		OUSALL	0	.6	истовн	
			· popr _e to the	25	0.53169		0.7307
YT	E GEORGES CON	J-1199	- X		A.E.U		at-11at
bernless-	Too treaters	of uting	GENERAL HOSP.	CEORGES (PRINCE		CHEVERLY
	head Japan		4 × 5	wineye		,n,m	healvan
	2. Laberthi.		mondati				great fait
	.eEf Be?	after 15	1 11001		217		a.
13/0						191-11	
	C-EVERLY, 1D.	DOVER RD.	6501 LAN		ie, M.D.	ROSLINGER	PARRY
Marie Land	in the second	ment you	ingoln Cremete	14.3	tal.ply	770 1	with.
			e .uii ,a	Liliye (but	P. A.F.	dana P.	affigien.

THE SECTION OF THE PROPERTY OF THE AND THE PERSON OF THE PERSON O - S. D. Britter and Company of the C . The side was a second and the second secon not not be seen to be seen the seen the seen to be seen the mile since many and making the man 18 18 Children American State 18 18 18 18 Cien to Mangarez Will Trop I mayor PKPd-landow H and of the contract of the state of the stat

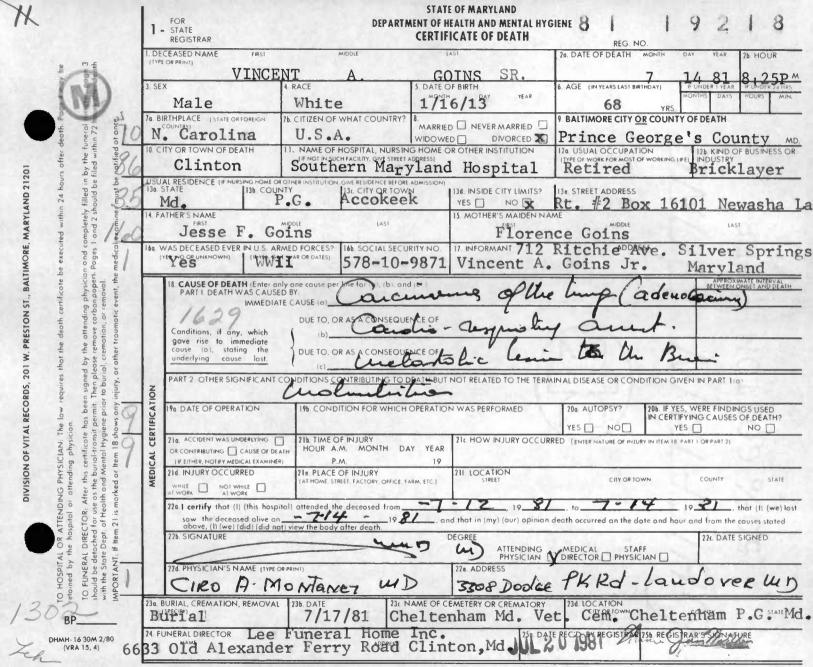


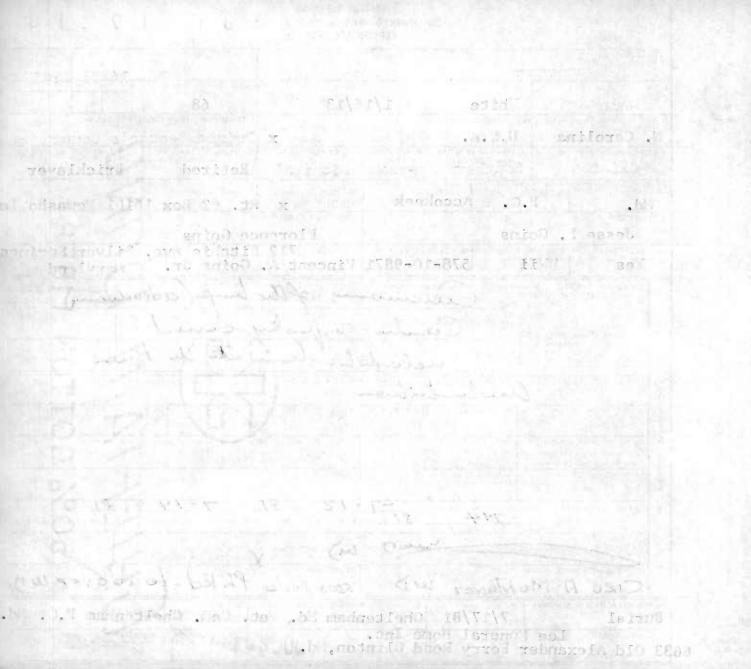
AND DISSE TOOK , SO I SHOW ! of the out to only only one in the liber bening broll sofest asto. terming U.A. of the against the latter and a delegaaverage and the control of the contr

Sustinia (needs to the control of th

111	STATE OF MARYLAND	
7 1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9217
10	DECEASED NAME FIRST MIDDLE LAST 70 DATE KNOWN CO-MODILE	HTH DAY YEAR 26. HOUR
3. 5	TYPE OR PRINT] DONNell Earl Glaseone DEATH MATED 7	-26 1981 M
3. S	EX 1. BACE 5. DATE OF BIRTH MONTH DAY YEAR CAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED	TH DAY YEAR 24 HOUR
1	1612 1016ck 5-17-59 22/85	26 198/8PM
	BIRTHPLACE (STATE OR FOREIGN COUNTRY?) 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED	koren
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORKING LIFE) FOR MOST OF WORKING LIFE)	MD. 12b. KIND OF BUSINESS OR INDUSTRY
USI	JAL RESIDENCE (IF IN NURSING HOLD OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
130.	STATE 136 SOUNTY 136 CITY OR TOWN 13d INSIDE (ITY LIMITS? 138 STREET ADDRESS WAS TOWN YES NO 124238-4057	. S.E. # 102
14.	FATHER'S NAME FIRST MIDDLE IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE	1407
	DONNELL GLASCOE VAVAAN	LASCO
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	and Horica
-	NO 579-78-7350 VIVIAN TLASCO 42:	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only one cause per lim for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMPEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (a). (DUE TO, OR AS A CONSEQUENCE OF	
1	Canditions, if any, which gave rise to immediate (b)	
	cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
	(c)	A STATE OF
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TIFIC	Co. and	YES NO NO
CEP	216. EXTERNAL CAUSE WAS DIRECT INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 C UNDERLYING OR HOUR A.M. MONTH DAY YEAR	DR PART 2)
FDICAL	CONTRIBUTING CAUSE OF DEATH (35 PM.) 7 - 36 1981 PLASS ONLY CALLED ALLE OF INJURY OCCURRED TO PLACE OF INJURY (AT HOME. 1211, LOCATION	et impact
ME	21d. INJURY OCCURRED WHILE NOT WHILE STREET FASTERS AM. ETC.)	COUNTY D. STATE
		MANNO, PICHERY
		y opinion ///
	death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY)	
		TE 7-27-81
	ADDRESS ADDRESS	e Hills, Md.
230	BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY	COUNTY STATE
24.	FUNERAL DIRECTOR 1250. DATE REC'D. BY MEGISTRAIN	3 SIGNATURE
1	anies & wegge is 3821-14th ST. N. W. JUL 30 1981 Thanks	Jan Mirthm

Man Start To Table To The Control of 10. C ... 7 A ... 1 ... ACT TO THE PARTY OF THE PARTY O Deniver Charge Land Land A TO THE STATE OF THE WAY AND A STATE OF THE The State of the s The fact of the fa Russel La Report in Land Comment South Land in the second second with the second second





1			STATE OF MARYLAND		
	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8	9219
1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	DEC NO	
I D	ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
	PE OR PRINT)				13.110011
	GRACE	P.		07 2	2 81 11 · 50P M
					MONTHS DAYS HOURS MIN.
	remale	Cau.	July 12,1892	89 YRS.	
70.		76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
7 M		U.S.A.		Drings Common	MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
100				TYPE OF WORK FOR MOST OF WORKING LI	Dwn Home
405	LAL RESIDENCE HE NURSING HOME OF	Southern Marylar	ad Hospital	T. Cinemake 1	
130	STATE D3E COLL	NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Apt.202
		gromery bethe			Be Ave.
7		MIQ O IE LAST			A A A MIAST
	WIIIIam				Little
160	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES			Maria La
1	NO	376-16.	-4272 Donna M.	Doran same as	13
	18. CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), on	(c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY:			201001
6	MA IT A	0			
	Condition 1	DUE TO, OR AS A CONSEQUE	NCF OF LA LA	11/10-) . H.
	gove rise to immediate	(b) 16 9CT	1 2000 103	UTCEN	a mon/ 7
		1 0	/	1-242	10.00
				aron	109245
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART To
	Parkinso.	ns disease,			
O S	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE:	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
싀븳				YES NO YE	s NO
_ =			216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)
1 3		AIR	19		
E	214 INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR LOWN	COUNTY STATE
2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITTORTOWN	COUNT
		mel: otterded the deceased from	7/17 10 12	1 107/22	19, that (I) (wa) lost
10	sow the deceased alive or	7/22/ 10	, and that in (my) (our) opinion	death occurred on the date and hou	
	obove, (I) (we) (bid) (did no	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
	12	1 mm	ATTENDING	_ MEDICAL _ STAFF _	12/2/81
	and DHYSICIAN'S NIAMS			DIRECTOR PHYSICIAN	11-1101
	D (D)	OR PRINT)	2 days	1	11.11 . 1
	honald L	andman M	2. 1740/ In	dian Kad Hu	4 Oxouth 11 Mel
		. 23b. DATE 23c. 1	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		7-27-81 M	t. Kest Cemeter	y St. John's,	Michigan
24	FUNERAL DIRECTOR	1 Modern	15 19 A	TEREOD BY REGISTRAR 256 REGIS	IR R'S SIGNATURE
1	TUNTY FUNERI	AL HOME WAL:	OORF, MD.	. ~	The state of the s
	70. TO TO THE POPULATION WEDICAL CERTIFICATION 3.22	TO STATE REGISTRAR I. DECEASED NAME (IYPE OR PRINT) GRACE 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN Mich. 10. CITY OR TOWN OF DEATH Clinton USUAL RESIDENCE (IF NURSING HOME O 130 STATE Maryland Mon 14. FATHER'S NAME USUAL RESIDENCE (IF NURSING HOME O 130 STATE Maryland 1500 WAS DECEASED EVER IN U.S. AI (YES NOOR UNKNOWN) 18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (IF ETHER NOTIFY MEDICAL EXAMINE 210. I CERTIFY THOU (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp sow the deceosed olive or obove, (I) (we) (this) (did in 220. I certify that (I) (this hosp)	I. DECEASED NAME II. DECEASED NAME III. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACRITY, ONE STREET III. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACRITY, ONE STREET III. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACRITY, ONE STREET III. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACRITY, ONE STREET III. SOULAL RESIDENCE (# NURSING MAINE OR OTHER DISTRICTION) OF RESIDENCE TORK THE ORDER III. FATHER'S NAME III. FATHER'S NAME III. FATHER'S NAME III. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COUSE (IS IN INTERPRETATION OF COUSE (IS IN INTERPRET	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HY DEPARTMENT OF HEALTH AND	DEPARTMENT OF REALTH AND MENTAL HYGIENE REGISTRA DECASED NAME FIRST GRACE D. COUILD SEX FEMBLE J. DATE OF PARTH GRACE J. DATE OF PARTH J. DATE OF PARTH A OF (INTERNALAD MENTALAD MEN

Finiple Property Services Land Home 10419 rentrant vr. Narvisho Sethendarry unbarede Cilling F. Gipson believ ween 275 as ame mared . M senso 201 had sults ----Aurical II . 7-27-610-1 Mt. Gest Cometery St. John's, Michigan

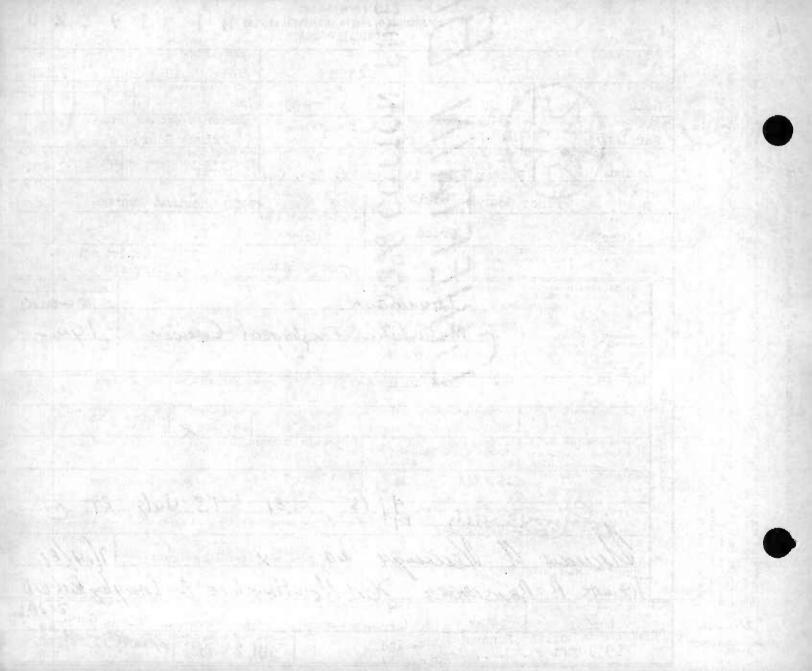
middin.

HUNTY FUNCTION HOME WALDERS MED.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



minter for himse soul soul ? War of the same of word all all stand of the was to a will be. .bot . of fad

87-21-11 12:55 CLARA 8. PRINCE GEORGE'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL T-1 20 a wort Proport Table navolund on contribe bastruck moint into will continue to be a second of the contract o THREE TO STATE The Continue of Land organization of the A Maritime L. Maritime, M. the married engine former shear their the baniguette affice former the Francis Sagel - Const Vineral Rose, P.A. AL STORY PLANS THE hantler of telling than

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) MILTTARY 1310906ADDRESS hollaway DR. (ZIP=20772) MINKIN 17 INFORMANT 6834 Nashville Road NEAL GROTENSTEIN LANHAM, MD. 20706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN MALCOLM GROW USAF MED CEN AAFB, MD 20331 ARLINGTON NATIONAL CEMETERY ARLINGTON, ARLINGTON, ISTRAR 25 TO STRAR'S SIGNLIRGINTA DONALD OF STEIN HEBREW MEMORIAL FUNERAL HOME 250 DAY CARROLL STREET, N. W., WASHINGTON, D. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

1222

The X of the Country of the Country I Kleing the year faither & the head Coperation the 8/2/11 X 11/4/8 diale to the transport of the property of the property of

		Tried)	
		. Bowler ruth come	
Lesign (. 500 C2 1928 - 192 1928 - 192			
	Q 181	0.004	
Sharph - knc	- Thursday of the		
		Marin A.	

0

.

THE PARTY OF THE . The second NAME OF THE PARTY SHOW THE THE STATE OF THE SECOND SECO

1		1	FOR			ST. DEPARTMENT OF		ARYLAND	AVCIENE 1		0 0	•)	6
6		1-	STATE REGISTRAR			DICAL EXAMI			OF DEATH	REG. NO.	9 6.	line	O
	SE ES.		CEASED NAME	la thai	nie/ E	DWIN G	utm	an	OF	KNOWN ESTI-	MONTH DAY	YEAR 1981	2b. HOUR
	ARY, PLEASE L DIRECTOR. OUR FILES. P72 HOURS ON STREET,	J. SE	Male W.	hite	DATE OF BIRTH			DER TYR. IF UNDER	MIN PRONOL	INCED L	27	YEAR 19 81	24. HOUS A. M
	NECESSARY, PI FUNERAL DIREC 5 FOR YOUR WITHIN 72 H PRESTON ST	N	RTHPLACE (STATE OR REIGN COUNTRY) EW JERSEY		U.S.A.		WIDOW		PRI		GES (CO	NUNTY	MD.
	PAGE PER FILED	L	UREL		GREATER	PITAL, NURSING HOA PILITY, GIVE STREET ADDRESS LAUREL-BE	LTSVII		FOR MOST OF WO	JPATION (TYPE OF DRKING LIFE) AN	0	IND OF BUS OR INDUSTR	
21201	ATH. IF ANY DEI S. 1, 2, AND 3 TC PM. 3. RETAIN VD. 2. SHOULD BE WITAL RECORDS	139M	RYLAND	13 PROUNT	EORGES	ERESIDENCE BEFORE ADMIS 13t. CITY OR TOWN LAUREL	SION)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDI	MONTPELI	ER DRI	VE	
WD	DEATH.	Ll	THER'S NAME FIRST ENARD		MIDDLE	GUTMAN		15. MOTHER'S MAID FIRST DOROTH	/	MIDDLE		ARZOW	
BALTIMORE,	DURS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM, T. PAGES 1 AND, DIVISION OF VII.	y E	AS DECEASED EVER S, NO, OR UNKNOWN)	KOREA	N WAR	382-32-0		HARRIET (COHEN, STI	4 CURRAN VFR SPRI	ROAD	מוגדועי	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	JULD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM 18 IF MEDICAL EXAMINER ALONG SED AS A BURAL-TRANSIT PERMIT. "HEALTH AND MENTAL HYGIENE, IC CREMATION, OR REMOVAL.	No	Conditions, if gave rise to couse (a) stating lying cause last.	IMMEDIATE any, which immediate g the <u>under</u> -	(c) (O) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	: OF	DR CONDITION GIVEN IN PA	ART I (a).	es disco	e el	IWEEN ONSET	
ITAL REC	SHOULD B SRD "PEN CHIEF M E USED A OF HEAL	CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?	- 1/4°			AUTOPSY?	NO D
ON OF V	CERTIFICATE SHO ITING THE WORD DED TO THE CH E 3 SHOULD BE U E DEPARTMENT OF PRIOR TO BURIAL.		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEA	AR 21c. HC)W INJURY OCCURRI	ED LENTER NATURE OF E	NJURY IN ITEM 18 PART			
DIVISI	R: THIS CERTING TE, WRITING DRWARDED T S: PAGE 3 SHC STATE DEPAY 21201 PRIOR	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE D		FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OR T	OWN	COUNTY		STATE
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;		22a. I certily that death resulted Iran ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		unto /	Accident , s		Homicide TITLE (SPECIFY) D. Deputy ADDRESS 5009 R	Undetermined n	manner ,	DATE SIGNED 7		<u>'-81</u>
0.201	BP	{5	JRIAL, CREMATION, R PECEY, CREMATION		DATE 7/29/1981	236, NAME OF CE CEDAR HI		EMATORY	SUITLAN	ID, PR. (GÉÖRGE:	S, MARÎ	LAND
Zel	DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	DONALD CMR 232 CARROL		HEBREW MI	EMORIAL FU , WASHING	NERAL TON, 1	HOME 250. DATE C. JUL	REC'D. BY REGISTR	AR AS REGISTR	AR'S SIGNAT	TURE	

1/2 1/2 - Line 2 - 2/2 - 1/2 THE THE PERSON WAS TRUTHED BUT AND A SECOND

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

	9	2	9	
1	7	ling	6m	-

		CEASED NAME	FIRST		MIDDLE	EAST	7 1-1-1		20. DATE OF DE	ATH M	ONTH DAY	YĘAR	26 HOUR
			Cora	Mai	· y	Hall			July	30,	1981		3:04 A
1	3 SE	Female		Cau.		S. DATE OF E		1894	6 AGE INYEARS	S LAST BIRTH		UNDER I YEAR	
5	M	ARYDAND		U.S.		WIDOWED	d Dr	MARRIED	9 BALTIMORE Princ	e G	county o		MD.
10	Cl	inton		Southe	HEACILITY GIVE STREET	and H	OSP .		12a USUAL OCC				HDME
5	Ma	AL RESIDENCE IN NUR STATE IT y l and	13h COUN		BRANDYW	INE 13	ES 🗌	ITY LIMITS?	19205	RESS	asco	Road	d
0		Berna	rd		hompson		MOTHER'S	Mary		L.		nting	ton
		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	215-34-		Doro		Cooks	ADDRESS		as 1:	3
		PART I. DEATH V Conditions, if ony gove rise to im couse to, statunderlying coust	MAS CAUSE IMMEDIA Mediate mediate ing the	D BY: TE CAUSE (o) DUE TO, OF	RAS A CONSEQUE	NEOFL.	ar	rest	- Sejl	ller	un	APPROI	XMATE INTERVAL QMSET AND DEATH
	ATION	PART 2 OTHER SIG			ONTRIBUTING TO D	100		-29	INAL DISEASE OF				
2	CERTIFICATION								YES NO	×	YES [NG CAUSES	S OF DEATH?
1	MEDICAL CE	?1a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	P./	M. MONTH DA	Y YEAR			RED (ENTER NATURE	OF INJURY	NITEM 18 PART	ORPART 2)	
	MED	21d INJURY OCCUR	HILE DRK		EET, FACTORY, OFFICE FA	RM ETC)	1 LOCATIC STREET			TY OR TOWN	4	COUNTY	STATE
i				t) view the body		I ond t	not in (my)	(our) opinion	deoth occurred or		ond hour or		that (t) (we) lost couses stated
		276 SIGNATURE	16	den, u,	11)	DEC	REE	TTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIA	и		SIGNED 0-81
		Dr. Raf	, , , , ,		, M.D.	27	e ADDRES	2410	Brandy Marylan		Roa 20735	d	

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 8-1-81 Resurrection

Cem. Clinton, P. G. Maryland

²⁴ FUNERAL DIRECTOR
Hunt't Funeral Home, Waldorf, Maryland

Lore Mary Stall - Salvine Stall - 3:00 TS - Newsley Links - Churtl Z, land - 82 Citaton Smithern harviend hour. Cenert HillErsker Dank Mint band poneum coser x 197 antividad .0.4 poetword Gerners L. Hontlanden LLE lais some yearson . . Univers en 13 1 7-30-81 Dr. defeel C. Lee, M.D. C)inton, Northern 2003 basicrad. J. 4, pormile. Electronic February F. G. Berryland hostycoli, trobfoll, sool legenut stood

	6	1-	FOR STATE	D	EPARTMENT OF H	EALTH	AND MENTAL HY	GIENE	1 9	2 %	8
0			REGISTRAR	MED	ICAL EXAMINI	ER'S C	ERTIFICATE OF	DEATH RE	G. NO.		
			EASED NAME FIRST		MIDDLE		LAST	20. DATE KNOW	VN MONTH	DAY YEAR	26 HOUR
	# S S S +	(TYP	RICHAL	RD LE	SLIE	HARI	ING	OF ESTI DEATH MATE		129.5	/
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE)	T4. RACE	5. DATE OF BIRTH	& AGE (IN YEAR	RS INUN	DER 1 YR. IF UNDER 24		MONTH	27 19 0/ DAY YEAR	R 2d HOHR
	DIRECTOR PL	14	Tale White	9-8-/	YEAR LAST BIRIHDAY	MONTH		PRONOUNCED	7-2	9 1081	1756
	SE - 1517		RTHPLACE (STATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8 AAA DDI	ED NEVER MARRIED	9. BALTIMORE	ITY OR COUNTY	Y OF DEATH	
	SECTION 1	10	Washington D C	US	A	WIDOW			ce Gen	nes	MD
	(紅雕)	I C	OR TOWN OF DEATH		ITAL, NURSING HOME,			20. USUAL OCCUPATION	V (TYPE OF WORK	16. KIND OF B	SUSINESS
	3世紀 00	Hy	attsville	6715	WILL GOOD (Hr.	et	FOR MOST OF WORKING LIF	έl	M. P.	D. C.
	O m S O S	USUA	L RESIDENCE (IF IN NURSING HOME O		RESIDENCE BEFORE ADMISSIO	N)		Retired		PIO I O	D. U.
21201	RETAND AND RETAND RECORD	13a. S		Georges	I3c. CITY OR TOWN Hyattsville		13d INSIDE CITY LIMITS? 13	6715 Par	kwood St	reet,.	Lypel
	1, 2, 1, 2, 2, 5, 2, 5, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
Ä,	AND AND		Arthur L F	larding	6831		My	rtle M King		LASI	
O	PAGE ORM	16a V	'AS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY	NO.	17. INFORMANT	ADD	ORESS		
BALTIMORE, MD.	AFT INE INE ISIOISI	()	no (if YES, GIVE	WAR OR DATES!	578 01 334	1	Beverly J	Harding	Hyattsv	ille,	Md.
W.	WIT WIT		18. CAUSE OF DEATH (Enter anl	y ane cause perline	ar (a), (b), and (c),)					APPROXIMA	TE INTERVAL
ST.	NE NG TO	150	PART I DEATH WAS CAUSED	BY:	mehsglan	i c	atemmie	4		BETWEEN ONS	ET AND DEATH
PRESTON ST	HIN 24 IN ITE IN ITE ST PER HYGIE		16.59 IMMEDIA	DUE TO, OR A	S A CONSEQUENCE O	F					
ES	THIN TERM AER A	100	Canditians, it any, which							311 3	
× .	ENTA AMIN L'TRAI ENTA REMC		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE O						
301 V	UTED N PE EXA SIAL-1		lying cause last.	DOL 10, OK A	S A CONSEQUENCE O						
ě,			PART 2 OTNER SIGNIFICANT CONDITIONS	(c)	IT NOT BELLEVED TO THE TERM	III DIEFICE					
DIVISION OF VITAL RECORDS,	PENDING" F MEDICAL ED A BUILDE	N	TARE Z OTREK SIONE CARE CONDITIONS	CONTRIBUTING TO GENTA BE	IT NOT RELATED TO THE TERMIN	IAL DISEASE	OK CONDITION GIVEN IN PART I	(a),			
EG	PEN	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITI	ON FOR WHICH OPERA	TION W	AS PERFORMED?			20. AUTOPS	Y?
TAL	00755	FIC									
>	ATE SH THE CH ID BE U AENT O BURIAL	ERT	21a EXTERNAL CAUSE WAS	21b. TIME OF	NJURY	T21c HC	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN IT	FM 18 PART I OR PARI	YES .	NO L
Ō	HE HE TWE		UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	1	W II JOHN OCCORRED	ferrent or hook! Held	EM 10 FACT TOCTACE	*1	
SIOI	RTIF IG T SHC SHC OR T	MEDICAL	CONTRIBUTING CAUSE OF D		FINJURY (ATHOME,	21f 100	CATION				
N N	S CERTIING RITING TO THE STATE TO SHORE PRIOR	ME	WHILE NOT WHILE AT WORK		PRY, FARM, ETC.)		TREET	CITY OF TOWN	COUN	YTY	STATE
	WAR WAR PAG TATE	144	AT WORK AT WORK	1							900
	ER: POR'S FOR'S FOR'S FOR'S PATE, POR'S PA		220. I certify that I taak charge	e af the remains descr	ribed abave, held an	Autops	y . Inspection [Inquiry .	and in my apir	nian	
	L EXAMINE E CERTIFICA E CERTIFICA OULD BE FA L DIRECTO H, WITH THE MARYLAND,		death resulted fram: Natur	al causes	Accident , Suic	ide .	Hamicide .	Undetermined manner			
	XAJ ERT LD OIRE WIT	1 .	1	- 111	/		TITLE (SPECIFY)				6.
	AL E		SIGNATURE //	No Fix	ayung	M.	Deputy	_MEDICAL EXAMINER	DATE	7-30	1-81
	DIC.		1	-	110				0.0.		
	A PER COMPANY		EXAMINER'S NAME August	o P. Rodr	igwez, M.D.		ADDRESS 5009 Ray	yburn Ct., (Camp Spr	ings.	Md.
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEX DIRECT AFTER DEATH, WITH BALTMORE, MARYLA	23o. B	IRIAL, CREMATION, REMOVAL 2:	3b. DATE	23c. NAME OF CEM			23d. LOCATION CITY OR TOWN	COURT		STATE
410	BP	(3	Burial	ug 3, 198	1 Ft Linco	ln C	emetery	Brentwood	Pro Geor	ges	Md.
	DHMH - 17	24. FI	NERAL DIRECTOR	.000500		40	25g DATE REC	'D. BY REGISTRAN	REGIS AR'S SIG		
Jeh	(VR A15 ME (5)) 15M7/77		F. Gasch's Sona	P A Hyat	tsville, Md		ALCO 4	1981	met School	Martha.	

	CONTRACTOR OF THE PROPERTY OF		
Therese a		Facility of the first	
NEW ARREST			3 Teornamian
.0	iner thall		S many and
menta bone	mail Bro	officers of engine	Level
	mail is otherwise	ynthe	al I sedial
ant a state of the	deserty, J. Ber Hing.	mer in sta	
7.24		1.500 ///00	6.00 × 100 ×
. Hill and the Book			
	The Tall of the	e i, 1991 (ft Lincoln Co e i leatendlin, Ed.	

et et a renn.	Server	enn effil	
A free particular		Sa Cheriatur .	ratio of a sol
no man and		0 0 0	palamoreT
equerant No.	real foldown.gae	Limilately mention	Collection
ughi unEnghana		lantwymixime. gapt	in Basivas
11/2/20	A Long	Zamania)	Senanao
nnia at amac	tell conferred correctly colley	469-96-55-56-665	gri
18-IS-T	ment for all the care	lugacio XX de juic	
, Maryland 20031	Camp Suffmus	nountroop and manual .	
tille P.G. Servin	A God Semi Cedney	7-23-81 Wesenbly N	Intelle
	Small Small	al Money, meldont, fins	rom's Afore

6			tem 6 g558 8/25/ FOR STATE		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	9230
		i. DE	REGISTRAR CEASED NAME FIRST OR PRINT) OP HEL	IA S. HE	CERTIFICATE OF DEATH	REG. NO. 20 DATE OF DEATH MONTH 07 2	DAY YEAR 126 HOUR 10:00A.M
		3 SE	(L RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Poge directo	7a Bi	RTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	DEC. 20, 1904	76 YRS	
	death. I		D.C.	U.S.A.	MARRIED NEVER MARRIED NOVEL DIVORCED	Primce George	
201	by the filed with	C:	linton	outhern Maryl		TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
YLAND 21201	24 hou filled in ould be	13a S	AL RESIDENCE (IF NURSING HOME OR COUNTAILE 136 COUNTAILE 14 A	THE INSTITUTION, GIVE RESIDENCE BEFORE IY I 3c CITY OR TOW	'N 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ST. W.E.
MARYLA	mpletely ond 2 shines	14. FA	1	ADDIE LAST	15. MOTHER'S MAIDEN NA GERTRUDE		HILL
wi .	Poges I on		AS DECEASED EVER IN U.S. ARA		IRITY NO. 17 INFORMANT	ADDRESS IFER - 7738 OXI	
PRESTON ST., BALTIMOR	oth certificate be anding physicios corbon popers, n, or removal. matic event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane couse per line for (a), b), and BY: CAUSE (a) DUE TO, OR AS A CONSCOU	que co	1 Slip	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W.	urres that the dear signed by the atter en please remove to burial, cremation, ury, or other troum	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (c)	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	SIVEN IN PART 1(0)
IL RECORDS,	nos been spermit The ne prior to ws ony inj	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \)
OF VITA	hysici ficate fronsi 1 Hyg 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	B, PART I OR PART 2)
DIVISION	of PHYS of this ond M ked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
٥	TTEN of He 21 is			ol) attended the deceased from		death occurred on the date and h	
	by the hosp by the hosp JERAL DIREC oe detoched in Stote Dept.			- The	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7. 20(2)
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detoc with the Stote D MPORTANT: #		226 PHYSICIAN'S NAME (TYPE OR	PRINT) TONTO. TRET	ZAO 8 Da	SpePKRil-	Compleme hed
	BP	234	SPECIFY)		NAME OF CEMETERY OF CREMATORY ARMONY HEM. PARK	234 LOCATION CITY OF TOWN HIGHLAND PARI	COUNTY STATE
	DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR S. KIASHINGTON + -	SONS 4925 BURG	25o. DA	TE REC'D. BY REGISTRAR 256. REGI	

6	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0 ,	9231
3 m d	REGISTRAR I. DECEASED NAME FIRST (TYPE OR PRINT)	ROBERT	HERBERT SR.	REG. NO. 20 DATE OF DEATH MONTH TO THE PROPERTY OF THE PROPER	-81 2b. HOUR 8:45 A.
	3. SEX Male	4 RACE Black	June 25, 1922	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	70. BIRTHPLACE (STATE ORFOREIGN COUNTRY) S. C.	76. CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY OR COUNTY PRINCE GEORGE	
to other of notified with	10 CITY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	SING HOME OR OTHER INSTITUTION REFLADORESSI S GENERAL HOSPITAL	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK ING LIFE Laborer	126. KIND OF BUSINESS OR INDUSTRY Constr.
AND 213		or other institution, give residence be INTY I3c. CITY OR TO Chape	DOWN 13d. INSIDE CITY LIMITS?	1207 Nye St.	
MARYI Omdon	14. FATHER'S NAME FIRST	MIDDLE Herber		MIDDLE (Un)	(nown)
TIMORE on and c	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS Herbert-Same	as # 13 above
OF VITAL RECORDS, 201 W. PRESTON ST. CLAN. The law requires that the death certif physician. Indicate has been signed by the attending polynous permit. Then places renous carbon tool frogene prior to burief, cremotion, or serior in 18 shows any injury, or other froumstiffs eve	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT G T BIEC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTING	CONDITIONS CONTRIBUTING TO THE CONTRIBUTION FOR WHE CONTRIBUTED TO THE	DUENCE OF AND THE TERM TO THE	20a AUTOPSY? 20b. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
MOSPITAL OR ATTENDING PHYSIC private by the hospital or attending of FUNERAL DIRECTOR: After this cooled the desirabled for use or the busing the State Dept. of Health and Main PORTANT. If then 21 is marked or the	saw the deceased alive a	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI pital) attended the deceased fro in 19 (att) view the body after death.	m 19 19 19 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20	CITY OR TOWN C. to 7/26 death occurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN P	county state 19 87, that (I) (we) last and from the causes stated 22c, DATE SIGNED 7 7 83 Md. 70785
000 PH 1	CREMATION, REMOVA	1 23b. DATE 2 8-1-81	ARMON MEM. PARK	23d. LOCATION CITY OF TOWN HIGHLAND PARK	P.G. MD. STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME H.S. WASHINGTONS	Sous 4925 Bur	ROLLENS AUC. N. EA 36 3	E RECTO BY REGIST REGIST	RAR STANATURE

17-27-51 8:45 A ACHERT HER SERT SR. PRINCE GRORGE'S CHEMERLY PRINCE GEORGE'S GENERAL HOSPITAL The second of th The state of the s The transfer of the state of th

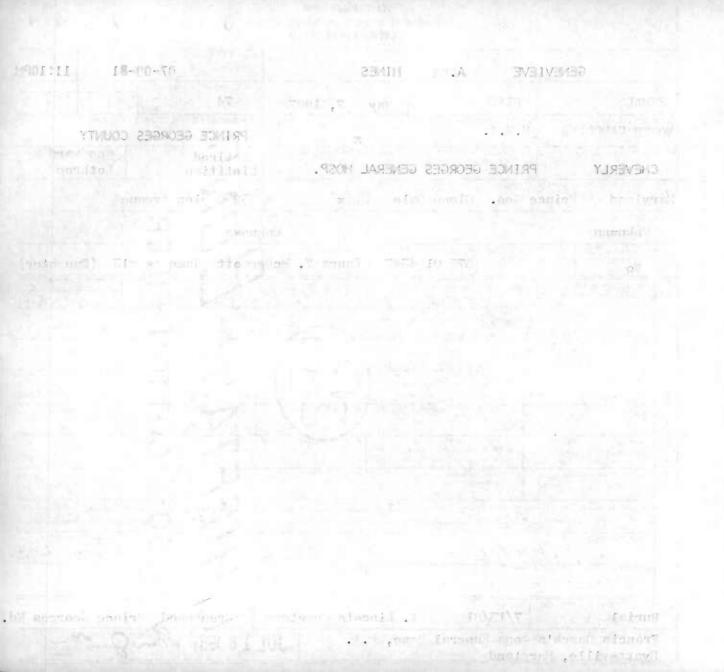
6		1-	FOR STATE			MENT OF	HEALTH		ENTAL	()			1 9	2	3	2
-		1 DE	REGISTRAR CEASED NAME FIRST	MED	MIDDLE	EXAMIN		ERTIFIC	CATEC			REG. N				
	M Linux 40 . *		E OR PRINT)							20	Or	KNOWN 1	prog	19 ₁₁	YEAR	26. HOUR
	EASI TOR FILES OUR REET	3. SEX	Heathe	S. DATE OF BIRTH	Μ.	6. AGE (IN YEA	RS IF UN		IF UNDER	2 24 HRS 2	C DATE	MATED	HĪNŌM	Ty I	981 YEAR	1p. M
	OR H	Fe	male White	MONTH DAY	YEAR 5-9	LAST BIRTHDA	MONTH		HOURS		RONOUN	ICED	7		, 81	1p. M
	SSAN THE TOTAL	70. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA			8	ED NEV	/ED 11100	9		11	OR COUN			TP M
-	S NECESSANY, PLEASE FUNER (DIRECTOR. S FOR YOUR FILES. D, WITHIN 22 HOURS W. PRESTON STREET.	PC	Penna.	U.S	.A.		WIDOW	_	DIVORO			Pri	nce G	eorge	2 s	MD.
	AY IS THE PAGE SOIL W	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSP			, OR OTHE	ER INSTITUT	TION		AL OCCUP		YPE OF WORK		D OF BUS	INESS
			heverly /	Prince Ge	orge	's Gen	eral	Hospi	tal	Ass !	t. 1	Mana	ger			Shop
21201	2, AND 3 TO 2, AND 3 TO 3. RETAIN IN SHOULD BE 1. RECORDS,	13a. S	RESIDENCE (IF IN NURSING HOME OF TATE PRODUCT Bryland Pri.	George	13c, CITY	OR TOWN		13d. INSIDE CIT	TY LIMITS?	13e STREE	T ADDRE	ss enni s	son I	Lane		
AD. 2	PM 3.	14. F/	ATHER'S NAME	WIDDLE		LASI		15. MOTHE				IDDLE		LA	ST	
RE, A			Maurice		Her	ron			arga	ret				/ ing		
IMO	S S S S S S S S S S S S S S S S S S S	16a, V (Y	VAS DECEASED EVER IN U.S. ARM	/AR OR DATES)		IAL SECURITY		17. INFORM		11		ADDRES	DOM	vie,	Md.	
BALT	URS AN B. GIVE WITH PAGE DIVISK		no La Calles de De Avil (5			-82-69	353	Maur	rice	Herr	on,	2601	Kenr			
ST.,	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY:		intoxi	natio	m						BETWE	ROXIMATE I	ANG DEATH
TON	7 = 3 4 0 ;		9503 IMMEDIATI	CAUSE (a) U				/11								11.10
PRES	PENCIL IN AMINER A L-TRANSIT ENTAL HY		Canditians, if any, which gave rise to immediate	(b)												
3	N PENCIL EXAMINE EXAMINE IAL-TRAN MENTAL	16	cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR A	SACON	ISEQUENCE C)F					100				4000
30	0= 3997			(c)												
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD.	XUD 40	z	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELA	TED TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a).					-	
RECO	"PENDIN "PENDIN IEF MEDIN SED AS A HEALTH CREMATIN	CERTIFICATION	190. DATE OF OPERATION	119b. CONDITIO	ON FOR	WHICH OPERA	ATION W	AS PERFORA	MED?					120 ALI	TOPSY?	
ITAL	S S S S S S S S S S S S S S S S S S S	IIFIC													_	NO TO
OF V	TIFICATE SH THE WORD TO THE CP HOULD BE U ARTMENT O R TO BURIAL	CER	210. EXTERNAL CAUSE WAS	21b. TIME OF I	NJURY	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJ	URY IN ITEM 1	B PART 1 OR PA		<u> </u>	
NO	IG THE WOOD TO THE SHOULD SHOULD OR TO BU	CAL	CONTRIBUTING CAUSE OF D	CAITI F.M.	- ar	DAY YEAR			inge	ested	Asen	din			100	
SIVIS	SEE SEE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF STREET, FACTO	RY. FARM, E	(AT HOME,		ATION	- 371		CITY OR LOV	WN .	co	UNTY		STATE
G			WHILE NOT WHILE AT WORK	home	е		26	OI Ker	nniso	n Lan	e, Bo	owie	PR. G	eorge	a's N	1d.
	CATE FOR OR: THE S		22a. I certify that I taak charge				Autaps	у Ц.	Inspectio	in K.	Inquiry	X, o	ınd in my ap	sinian		
-	AMII RTIFI BECT RECT ITH 1	-43	death resulted fram: Nature	al causes	Accident	L, Sui	cide K.,	Hamici		Undeter	mined ma	inner				
-	H, WAR		ACTUAL XLLGUES	a XX	du	une	/ M.	TITLE (SP					DATE	7/	/21/8	31
	DICA E TH I SH NERA DEAT ORE,					10					CAL EXAM		SIGNE			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 212	col	EXAMINER'S NAME Jugust							ayburr	n Ct.	, Ten	iple H	ills	, Md	•
EL	DXAD A	23a. B	JRIAL, CREMATION, REMOVAL 23	b. DATE		NAME OF CEN				23d, LOC City OR	ATION		COU	NTY	STA	TE .
	BP SO	24 FI	Burial JNERAL DIRECTOR Beal	//22/81 Funera		akemor	IT CE		-	REC'D. BY R	VICS		ille,		ryla	and
	DHMH - 17 (VR A15 ME (5))		16000 Annapol	is Roberts	Bow	ie, Mo	1 98h		DATE	MII 9	4 JUL		PISH RAK S S	IGNATUR	Mast	Con
	15M 7/77			- ,	,,	, , , ,			-	EAST A	U IVI		100000000000000000000000000000000000000	China marin	man I will	Allen .

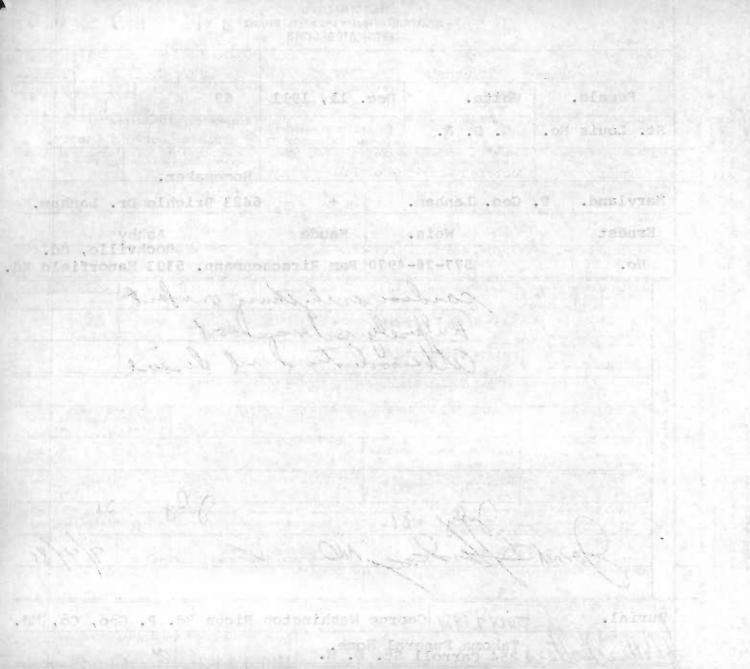
. I I . 25 . 1 . 1		.н	eficio e
		A CONTRACTOR	re-
		.A.Z.U	Penna,
t. Manager Tress Sho	35, 7, 14, 14, 18, 18, 18	torre la la seu la la comi	
11 Kennison Lone	35	51-08 agro-1	Maryland Pri.
	Janeaneh	Herron	api rus M
Con, 2601 Kennison La.,	Haurice Heri	217-82-6953	on
		Samuros Pine	
The state of the s			
and formerly two	ared to be	+ 101	
10.72874			- Character
and subtracts at a subtract		Also the co	
vicsopville, Marylane		1/22/81 Likemont C Funer Lime South	Betal

2	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	1 9 2	3 3
1 75		REGISTRAR CEASED NAME FIRST E OR PRINT)	KATHLEEN HI	LAST LAST		07-02-81	26. HOUR 12:30, P
/ m 24	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER I YEAR	//1
I DAT		Female	White	7 8 24	56	YRS.	HOURS MIN.
71 97		IRTHPLACE (STATE OR FOREIGN COUNTRY) England	7b. CITIZEN OF WHAT COUNTRY? England		9 BALTIMORE CITY OR PRINCE GE	COUNTY OF DEATH	MD.
100		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	GENERAL HOSPITAL	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Homemake:	WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in nould be		AL RESIDENCE (IF NURSING HOME OF STATE 136 COLO Md.	NTY 13c CITY OR TOV	Camp 13d. Inside City Limits?	13. STREET ADDRESS 5707 Cole	on Terrace	e
completely 1 and 2 sh		Arthur	Setters Setters	15. MOTHER'S MAIDEN NA FIRST	WIDDLE	Noble	S1
_ 01 0 3		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST		ADDRES	S	
obysicion and papers. Page naval. ent, the medi		No	215-46	-3722 Mr. Bern	ard Hinds	Camp Spr:	ings, Md
ss been signed by the cernit. Then please remore print the please remores on the print of the cernical states of t	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c)	ENCE OF NETHS	MINAL DISEASE OR CONDI		NGS USED
show	E	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21, HOW INTURY OCCUR	YES NO	YES 🗌	NO 🗆
for use as the burial-tran . of Health and Mental Hy, n. 21 is marked or Item 18 s	MEDICAL C	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTWHILE AT WORK AT WORK AT WORK 10 (1) (this hospi	ATH HOUR A.M. MONTH D	AY YEAR 199	GEORGES CITY OR TOWN	COUNTY (25)	that (I) (we) last
TO FUNERAL DIREC should be detoched with the Stote Dept. IMPORTANT: If them	230. 1	22d. SIGNATURE 22d. PHYSICIANS NAME TYPE CONTROL OF CO	Inliderant PRINTS PRINTS PRINTS 23b. DATE 23c.	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA 23d. LOCATION CITYORIOWN	- ZCI	3/81
P	74 F	Removal UNERAL DIRECTOR	7/3/81	75. DA	TE DEC'D BY DECISTOADIS	S DECHATDADIS SIGNAT	THOS
30M 2/80 5, 4)		natomy Board	Balto ADDRESS	Md	TE REC'D. BY REGISTRAR 25	Rome Oa	Martha

07-62-81 12.5		colir Mil.	In Cast	
		7 922	T. L. B.	Smo T
PRINCE GEORGE'S				malpmi
Towns and The Common of the Co	BERAL HOSPITAL	E GEORGE'S GEN	PRINC	CHEVERLY
				•
			Ag Tea	

6		1 - FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENI	8 REG. N	10.	9 2	3 4
	1	DECEASED NAME	FIRST		WIDDLE		AST	20.	DATE OF DEATH	MONTH DA		2h HOUR
4 bo			GENEVI		ANNE	HINE	S			07-09-	81	11:10PM
(01)	3	SEX FEMALE		4. RACE WHITE		5. DATE C	DAY YEAR	6. A	74	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 15 17		ORTHY CARO		16 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	7	PRINCE GE	OR COUNTY		MD.
by the fu	4	CHEVERLY	DEATH	(IF NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STREE GEORGES	ET ADDRESS)	L HOSP.	(TY	Retiredost ietitian	ION OF WORKING LIFE)	121Hoted INDUSTRY Loth	wayrdesgor rop
AND 212	100	SUAL RESIDENCE (# 30. STATE laryland	HURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS	S? 13e.	3200 Gler	Avenu	e	
MARYLJ ed either madicisk medicisk	D	Unknown		WIDDLE	LAST		15. MOTHER'S MAIDEN FIRST	Unkn	own	CALL T	LAS	s7
IMORE,	1	WAS DECEASED E		MED FORCES? VE WAR OR DATES)	166 SOCIAL SEC 577 01		IT INFORMANT Laura V. M	lcDer	mott Sam	ess e as #	13 (D	aughter)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be encoured ellipsed by the attending physician and completely filled the this certificate has been signed by the attending physician and completely filled the as the burial-transit permit. Then please remave carban paper. Poster mind school as the burial-transit permit. Then please remave carban paper. Poster mind school as the and Mental Hyguene prior to burial, cremation, or removal. The property of the property of the property of the mental permitten mental permitten and the mental permitten mental permitten.		PART 2. OTHER	any, which immediate tating the ause last	(b) DUE TO, C		LAGE OF WARE	Heart far and Die NOT RELATED TO THE T bronie Cu	iler iaber terminar soci	and A	liske	2m 10y	
TAL RECO	2	190. DATE OF OP				H OPERATIO	N WAS PERFORMED	Y	(ES NOS	IN CERTIFY		NGS USED OF DEATH? NO
NOF VITA SICIAN: T ng physici certificate ririal:transi ental Hyg them 18 sh	2	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH (I.M.	DAY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	IT I OR PART 2)	
NG PHY after this fter this as the but h and M		AALITE ME	OT WHILE TO WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	NWI	COUNTY	STATE
Spital or Spital or CTOR. A for use of Heal		sow the de-	eased plive an				d that in (my) (aur) apir		to July 9 h occurred an the d	ote and hour		that (I) (we) lost couses stated
PITAL OR A by the ha IERAL DIRE: se detached State Dept		226. SIGNATURE	1/1	jadle		1	T	N B DI	EDICAL STA	CIAN	Fall	SIGNED 4 10 15 1781
O HOSPITAL C etained by the TO FUNERAL D should be detected with the State D		22d PHYSICIAN	na i	P. YA	DLA		LANHAR	4-	FINN'S M.D:2			
040 BP		Burial, CREMATI		7/13/	81 F	t. Lin	emetery or cremato coln Cemete		Brentwo			eorges Md
DHMH-16 30M 2/80 (VRA 15, 4)	2	Hyattsvi			uneral H	ome, P	.A. 250.	JUL RE	16 1981	256 FEGISTR.	SIGNA	as the





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DAVID Michael DEATH MATED 7-18-81 HOLDSWORTH 4 RACE 5. DATE OF BIRTH DATE 12:00 LAST BIRTHDAY PRONOUNCED 68 13 7-18-81 DEAD noon male white 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY 2, AND 3 TO THE FUNE 3. RETAIN PAGE 5 FO 2 SHOULD BE FILED, WI Prince George's County U.S.A. Mass. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Student 12214 Malin Lane Chever1v Pr. Geo. 13d. INSIDE CITY HANTS? BEWXE Md. Bowie NO [TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE3 SHOULD BE USED AS A BURIAL. "RRANST PERMIT. PAGES 1 AND 2.8, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BALLIMORE, MARYLAND, 20, 20, PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Robert Holdsworth Ann Davis 17 INFORMANT 16b SOCIAL SECURITY NO YES NO, OR UNKNOWN 220-84-8312 Ann Holdsworth Same as CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH bicyclist who lost control hitting side of 21d. INJURY OCCURRED 210 PLACE OF INJURY CATHOME. highway Rt. 450 AT WORK AT WORK Bowie, Maryland Autopsy XX 220 I certify that I took charge of the remains described above, held on Inspection ond in my opinion Accident XX Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) 7-19-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY COUNTY Burial Bow ie 7-21-81 Sacred Heart 24 FUNERAL DIRECTOR Beall Funeral Home 250. DATE REC'D BY REGISTAR **DHMH-17** 16.000 Annapolis Rd , Bowie, Md. (VR A15 ME (5) 15M2/80

```
M. S. A.
                                                                                                               1 9 1 1 2
                                                   1 -11 4 41 551
                                                                                                                                                                                                                                                                                   BEWIK Mr. Pr. Geo. Sowie
                 Davis -
                                                                                                                                                                                                                                                     Forest Foirsworth
                     221-84-8312 ann Holsworth 5 me s 8 13
                                                                                                                                                                                                                                                                                                                                                                                                                                                                         0/1
                                                               a regular to the second second
                                                                                                                                                                                                    7-21-81 Sween Heart
TH 230 19
                                                                                                                           3 140
                                                                                                                                                                                                                                                                                                     Seall Funeral Home
                                                                                                                                                                                                              16,000 Anninolis Re., Bowie, Meson
```

John T. Rhines Co., 3015 12th St., N.E., D.C.

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

YEAR

IF UNDER LYEAR

INDUSTRY

None

7h HOUR

3:45

12b. KIND OF BUSINESS OR

NO F

STATE

COUNTY

DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE

22c DATE SIGNED

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

MASCINE ALCOHOL

07 29 81 9:45	HOLLAND	ACAY 1A	М
7	near, it wint	40 L F4	e14:te"
PRINCE GEORGE'S COUNTY		Affin 1	hantwent
Poseher 'et. Inthinen o	S GENERAL HOSPITAL	PRINCE GEORGE'	CHEVERLY
inuité lucemi tuen	ž h	one along seein	Sunfrest
annests (c)	the state of the s	arment La	month.
All numbers in the land	The second state of the se	21-179 	
R RD. CHEVERLY, MO.	EGOS LANDON	S W. HARDING, M.D.	TIMAL
fill aless of boneaveril	Mart Lincoln Los	15/5/5	Entrain
1987 Alme De Plane	19UA	981 2 Sons, 1877 Per 18 18 18 18 18 18 18 18 18 18 18 18 18	Canal Stance

20	- S	OR TATE EGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO	1 9 2	3 9
	1. DECE		MIDDLE	LAST		MONTH DAY YEAR	2b HOUR
oy be		RI		DLLAND	6. AGE (IN YEARS LAST BIRTH	07-20-81	6:15 AM
£ 5	1 SEX	M	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR MAY 15, 1929	5. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
Pog (la BIRTH		7b. CITIZEN OF WHAT COUNTR	Y? B	9 BALTIMORE CITY OR	COUNTY OF DEATH	
de oth	COU	MD.	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	ORGE'S	MD.
s ofter	100	OR TOWN OF DEATH	JIF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION LET ADDRESS) S GENERAL HOSPITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF MAIL HAND	WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in could be	USUAL F	RESIDENCE (IF NUR TO COU	136. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 8817 July	en Ka	
1 e d ampletely ss I and 2 sh	1	ER'S NAME Chand Hollan	MIDDLE LAST	15 MOTHER'S MAIDEN NO.	MIDDLE	υ	AST
medical medical	IYES.	,	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 226-26-		Ilmu 5 mm		
Examinet Notificate be executed by the attending physician and the please remove carbon papers. Page to burial, cremation, ar removal.	P/	PART I. DEATH WAS CAUSE IMMEDIA Gonditions, if any, which gove rise to immediate ouse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECT (c) MYOCARE DUE TO, OR AS A CONSECT (c)	THROMBOSIS LT. CONTROL OF CACU	JTE)		NAMATE INTERVAL N OMSET AND DEATH
callow as low as been as only	CERTIFICATION	DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
Med1 Ned1 Ned1 ONG PHYSICIAN: The or attending physician physician has certificate he as the buriol-transit path and Mental Hygier marked or tem 18 shaw	MEDICAL 21	OL ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE LIF ETHER NOTIFY MEDICAL EXAMINE LINDURY OCCURRED WHILE NOT WHILE OF THE ORDER WORK AT WORK		DAY YEAR 20 198 211 LOCATION STREET	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2) IN COUNTY	STATE
the haspital DIRECTOR: DIRECTOR: Toched for us E Dept. of Hem 21 is u		a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased Iran 19 21) view the body after death	DEGREE ATTENDING PHYSICIAN	deoth occurred on the dot	te and hour and from th	that (1) (war last e causes stated
TO HOSPITAL TO FUNERAL should be det with the Store IMPORTANT:	730 110	CHAMPA	123b DATE 123	14 300 Gall	123d LOCATION	Bown M	110,20715
40 BP	Copp	CEY)	7-24-81	Hanming Comekny	LINAL OVER	P.5.	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		ERAL DIRECTOR NAME UAShmulus & Son	4925 ADDRESS		IL RED DBY PEGISTRARD	SV 1801STE LE CISICH	AURE CL.

PRINCE GEORGE'S

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL VAN ASSESSED

CORONARY THROHADSIS LT. CIRCUMFLEX MYOCARDIAL INFARCTION (ACUTE)

...

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7/10/81 Arlington Date Superterne ships ton C.F. Walas Lieb Oron Hill Mc. Cxc.Hill, Cd.

STATE OF MARYLAND

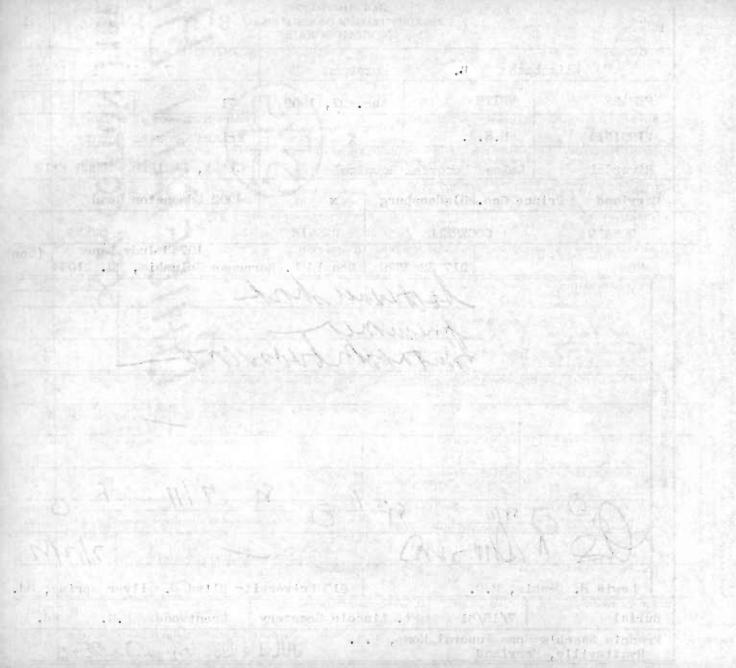
	73	1 3 v	1770	. ೧೮	
				ABU NE	.0.
DRING	Secion				
.57 70	of thed		.das .t	lx. Geo.	. 5
7017		בפתדו	xs f c	.0	John
	mi an an-a ma	Ann G. Forg	1-9-01-9765	rone	ott
• 5 • , 55 •	moz) 5.0% eddine	Seco 84 In		. Sachmani I.I.	H rojaco
	br [t			ion 7/7/81 5160 (acco E111	

Manuel

(VRA 15, 4)

Hyattsville, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



J SM: B 18 10 40 At 1 ≤ 5 (2) (3) (4) PRINCE GEORGE'S American Com Pension CHEVIRLY PRINCE GEORGE'S GENERAL HOSPITAL ma-14 Hell Berlin viil entirell sell sanish bushess rek frant and twenty . The unit one's marginal a linear transfer Committee the Lineals Jones er Grentwood, Prince Goe. Mil. Peangis Compt. a Sons Paneral Mone, D.A. JUL 3 & 1981 March Och 22 Miles hasiyank officestingMedical ge Examiner De NotiFIED STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH . DECEASED NAME 26 HOUR Reale 5 Mg 3 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX April 21,1904 77 7a. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland PG NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) alesman W. PRESTON ST., BALTIMORE, MARYLAND 2 170 130 STATE 13e STREET ADDRESS Paturant Rd 4 FATHERS NAME 15 MOTHERS MAIDEN NAME MIDDLE Philip Hiss Isreal Lucretia Megill Donaldson Naylor 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 214 05 0364 no Virginia Israel same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ABDOMINAL ADRTIC HUEURYSIN Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse DIVISION OF VITAL RECORDS, 201 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES TU 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 19 211 LOCATION ō 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this hospital) aftended the deceased from, sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF + should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME OBERT S. MCCENEY M. D. 22e ADDRESS 402 Main Street Lourel Maryland 20810 130 NAME OF CEMETERY OR CREMATORY

Ivy Hill Cemetery 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Laurel. Maryland STATE Buria1 July 10.1981 BY REGISTRAR SE REGISTARE'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Donaldsonn Funeral Home, Laurel, Md (VR A 15 (4))

Medical Exormen Trubped 7/0/01 Orbert ShydenylyD melent not dance lilent planten. byong sa ensa 1987s. win. -1- 4050 2

HORER E. WOEDLY M. D.

by Bull bearing that the selection of th

Marian - 1941

Toltribl.

Alle a la command do me lavrel, el a such lene

12	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN	
	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICA	
5×426	1. DECEASED NAME (TYPE OR PRINT) Myra Esther Jackson	28. DATE KNOWN PO MONTH DAY YEAR 26. HOUR OF ESTI- DEATH MATED 7/27 198/
TO FIE PARTY TO THE PARTY TO TH	3. SEX 4. RACE 5. DATE OF BIRTH BAY YEAR LAST BIRTHDAY; MONTHS DAYS HE TERMINED BY SERVICE TO THE SERVICE OF BIRTHDAY; MONTHS DAYS HE TERMINED BY	
一直		R MARRIED PANTIMORE CITY OR COUNTY OF DEATH
7700	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HYATTS VILLE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4910 78th Avenue	MD.
EL AND EL		LIMITS? 13e, SIREET ADDRESS NO 4910 78th Avenue
APP S 1.	IA FATHER'S NAME FIRST Lawrence Wilkerson, Sr. Rut	MIDDLE LAST
BALTIMORE, BURS AFTER DE B. GIVE PAGE WITH FORM WITH FORM DIVISION OF	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17. INFORMA 578 64 3139 France	N4910 78th A♥efftie ois J. Jackson-Husband
DI W. PRESTON ST., TED WITHIN 24 HOL V PENCIL IN ITEM 18 XAMINER ALONG V IAL-ITEM STERMIT. OR REMOVAL.	18 CAUSE OF DEATH (Enter only one cause pertine fgr (o), (b), and (c).) PART I DEATH WAS CAUSED BY: 15 5 2 IMMEDIATE CAUSE Canditions, if ony, which gave rise to immediate couse (o) stating the under- lying cause lost. (c) 18 CAUSE OF DEATH (Enter only one cause pertine fgr (o), (b), and (c).) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, ILD BE EXE PENDING' F MEDICA ED AS A B HEALTH AN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	
▼ UDIDE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORME 21c. EXTERNAL CAUSE WAS 121c. HOW INJURY OF INJURY	YES NO DECURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
VISION CERTIFIC TING THING THING THOUSED TO DEPARTA RIORTOR	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3/3/F.M. 198/ 21d. INJURY OCCURRED 21d. PLACE OF NJURY (ATHOME, 2011. LOCATION) STREET, JACTORY, FARM. ETC.) 37REET	flielest COUNTY STATE
R: TH TE, W ORW/ S: PAG 2120	AT WORK AT WORK	nspection I, Inquiry D, and in my opinion
EXAMINER CERTIFICAT ULD BE FO DIRECTOR WITH THE	death resulted fram: Natural causes , Accident , Suicide , Homicide	, , , , , , , , , , , , , , , , , , , ,
DICAL FE THE A SHO NERAL DEATH	SKNATURE VUGING T. Young 100 M.D. Deput	7/
TO ME PAGE TO FUI	THE SURIAL REMATION REMOVAL 228 DATE TO NAME OF CEMETERY OR CREMATORY	009 Rayburn Ct., Temple Hills, Md.
DHMH - 17 (VR A15 ME (5))	Burail July 31, 1981 Baltimore N 14 Peneral Home-4001 Benning Road N	DATE REC'D. BY REGISTRAR 15% REGISTRAR'S SIGNATURE
15M7/77		E. AUG J 1301 Mine Janlasth

Total total let your letter to an a consequence of the lander of the lan Je sense Side : Non, 80. 200 S Side Branco D W. Jackson - Nobell The second of the same of the same of March W. College Las Europe, each in the Committee and a commit Step and Fine at Hollow. Both Houng Mc Rose, His. Make Step and Charles

Suitland Maryland

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1	FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	1924
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HC
		Car		JOHNSON	July 23,198	31 12:
	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
		ALE	CAUCASIAN	DEC 27 1900	80 YR	
1	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
655		RYLAND	USA	WIDOWED DIVORCED	PRINCE GEORGE	ES COUNTY
101	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS]	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSIN
500		anham	DRS' HOSPITAL OF	PRINCE GEORGES Cty.	PERCISION ASSEM	
50	13a	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	NTY 13r CITY OR TOW	(N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
100		RYLAND P.G	GlennDal	E YES NO	Transaction 1	ANE
e la	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	7241
60		HARRY L	EE Johnso		-	TITCHENER
medicol		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
E		NO N		1314 MARY BAUMAI	UN SAMEAS /	13E
njury, or ather	NO	gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUE	PATH BUT NOT RELATED TO THE TERM	AL DISEASE OR CONDITION	GIVEN IN PART 1(0)
huo smo 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS US RTIFYING CAUSES OF DE YES NO
8 0	E.	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
E /	CAL	OR CONTRIBUTING CAUSE OF DE	AIN .	19		
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME LIBERY PACTORY OFFICE A	211. LOCATION	CITY OR TOWN	COUNTY
morked	2	AT WORK NOT WHILE	THE STREET STREET, STR	0	N 1	
E S			ital ottended the disceosed from	De Fell 10 70		_, 19_ <u>\$/</u> _, that (I)
7		sow the deceased alive or above, (I) (we) (did)	St view the body of ter death.	ond that in (my) (eur) opinion	death occurred on the date and	hour and from the couses
E E		22b. SIGNATURE	////	DESCRIPTION		224. DATE SIGNE
-		1 1 50	way fla		DIRECTOR PHYSICIAN	2-3/11
		224 PHYSICIAN'S NAME ITIM	OR PRINTED	27e ADDRESS		7
A I			77			
A CONTRACTOR			INTONEY MD	1 4014 7155 AU	ENUE HVATISVILLE	md.
NA INCINITION	23a. B	Thomas M	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	PENUE HYATISVILLE	md.
1	1	Thomas M	23b. DATE 23c. N		23d LOCATION	county PG.

				35		and the	- 3
						开制	
					P. Section	4	
					100		
				0013		USAN DAN T	
	Camera.			254	Life .		
			1				

	alpha ang
The state of the s	1 1
And the state of t	
and the second of the second o	

	1.	FOR - STATE REGISTRAR -		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	1 9 2	4 9
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
900		THE	EODORE	R.	JOHNSON	07-1	14-81	12:07
-	3 SE	X	4. RACE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (INYEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
(Mar)		HALE	BLAC	K	SEPT. 18, 1907	73 YR		MII
48		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY	7? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	PRINCE GEO		
northed		CHEVERLY	11. NAME OF	HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS) S GENERAL HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	GUFE) INDUSTRY	F BUSINESS C
1 3/	USU 13a	AL RESIDENCE (IF NURSING HOME) TATE 131 CC	OR OTHER INSTITUTION	134. CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?		37.	
and 2 th	14. F.	ATHER'S NAME FIRST	MIDDLE 10	LAST HNOON	15 MOTHER'S MAIDEN N		LINKNOI	row)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		VAS DECEASED EVER IN U.S.	ARMED FORCES?		1101-0	ADDRESS	LI LAC	/
Pod Pod		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	579-12-	7377 WILLIAM JOH	NSON - 4007 21	Er PL HILL	DOT 40
it. Then planse remo for to buriol, coemal y injury, as other to	FICATION		(c)_ IT CONDITIONS C CONSEST	OR AS A CONSEQ CONTRIBUTING TO THE HEAD	Bleed.	RMINAL DISEASE OR CONDITION		
56259	FIG	90. DATE OF OPERATION			/	IN CEI	YES, WERE FINDIN	OF DEATH?
S Sho	1 1	21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	TATION & 6-I Uleen	Z. YES NO	YES 18 PART I OR PART 2)	NO 🗌
917	14	OR CONTRIBUTING CAUSE OF		A.M. MONTH P.M.	DAY YEAR			
ked or III	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	E OF INJURY STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
and and		22m I certify that (I) (this ho	spital) attended t	the deceased from	7-13-81 19		. 19 8/ . 1	hot (I) (we)
5 5		sow the deceased alive above, (I) (we) (did) (did	on 7 - 1		, and that in (my) (our) apinio	in death occurred on the date and	haur and from the c	ouses stated
Nept.		2 SIGNATURE	0/	7	DEGREE		22c. DATE S	GNED 1
- T		Clennis	7. 1	runle	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	71	15/8
ORTA		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS	- 1		
3	11.2	1)ENNIS		ank	Mid. Hospila	al Drive		
	7360	CREMATION, REMOV	7-20-		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	24 F	UNERAL DIRECTOR	11-20	61 4	INCOLM MEM. CEN		STRAR'S SIGNATI	
M 2/80		S II ASILIAGO	¢ s	ADDRESS		UL 24 1981 A	William d	20

THEODORE R. JOHNSON 07-14-81 12:07P

PRINCE GEORGE'S

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL

	FOR STATE REGISTRAR			RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	192	5 0
	PE OR PRINT)	BLANCHE	C.	JO	SEPH	JULY 21, 19		2b. HOUR
3. S	FEMALE	4 RACE WHI	TE	5. DATE O	4, DAY 1893 FAD	6. AGE (IN YEARS LAST BIRTHDAY)		
	BIRTHPLACE (STATE OR I		S.A.	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR CO PRINCE GEOF		MD
30 10 0	GREENBELT				ROTHER INSTITUTION SING CENTER	120 USUAL OCCUPATION (TYHOUSEWIFE	KING LIFE) 12b. KIND C	OF BUSINESS OR
130.	UAL RESIDENCE (IF NURS STATE (ARYLAND	13b. COUNTY Prince Ge	13c CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13. SIREEI ADDRESS 12920 CLAXTO	ON DRIVE	
15 14 5	FATHER'S NAME FIRST UNKNOW	MIDDLE	LAST		15 MOTHER'S MAIDEN N. FIRST UNK	MIDDLE	LAS	st
	WAS DECEASED EVER	(IF YES, GIVE WAR OR DA		Dog The	Donald E. I	8427R579 Barger Berwyn	Avenue Heights,	Md 20740
jury, or ather traumati	Conditions, if ony, gave rise to immercouse to statir underlying couse	which nediate g the lost	TO, OR AS A CONSECT O, OR AS A CONSECT O) OS OS OS OS OS OS OS OS OS	ASC O	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 11	eller"
8 shows ony injur	190 DATE OF OPERA	TION 196 C	ONDITION FOR WHI	ICH OPERATION		20a AUTOPSY? 20b.	IF YES, WERE FIND IT CERTIFYING CAUSES YES []	NGS USED OF DEATH?
lem	210. ACCIDENT WAS UNG OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEATH HOL	ME OF INJURY IR A.M. MONTH P.M.	DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITI	M IB PARI 1 OR PART 2)	
orked or MED	21d. INJURY OCCURI	TATHO	ACE OF INJURY ME STREET FACTORY, OFFI	CE, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
MPORTANT: If them 21 is mu		(this hospital) attended alive and a	C. 111	£7 . on	DEGREE	AEDICAL STAFF DIRECTOR PHYSICIAN [22c. DATE	
230	BURIAL, CREMATION,				nton Cemetery	Z3d LOCATION CITY OR JOWN Harrisonbut	g Rockin	gham Va
81 24 1	FFFancisco Ga	sch's Sons le, Maryla	Funeral	Home, P	• A • 25a DA	TE REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNAT	TURE

dental contract district Dentild H. Barrens Secret Heighte, 11d 20740 Tytoles the distant constant dereisoning Reckinglan Truncis descits Sons Sumeral Mount, '. . Landy of the think

2	1	FOR				E OF MARYLAND			0 0	(64 g
	1.	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO	D	9 2	2
		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR PM
nay be page 3		ETHE				JUDY		JULY 09		9:404
ge 4 ma scror, pa s after d nce.	3 SE	x Female	White		S. DATE C	11 8,1892 EAR	6. AGE (IN YEARS LAST BIRTI	YRS.	THS DAYS	HOURS MIN
Seatth of Tameral		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEO	R COUNTY OF		MD.
by the feed with factors		ITY OR TOWN OF DEATH Laurel	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION VILLE HOSPITAL	17th OF WORK FOR MOST OF NOUSEWIFE		NOUSTRY NOME	F BUSINESS OR
within 24 hc should be filled in should be filled in	13a	AL RESIDENCE IN HURSING HOME OF TATE Md HOW	Ard	GIVE RESIDENCE BEFORE	ADMISSION) N	134 INSIDE CITY LIMITS?	11866 Scag	gsville	Road	
cecuted with	14 F/	ATHER'S NAME FIRST William	Härding	LAST		15 MOTHER'S MAIDEN NAM	ine lager		LASI	
rificate be executiviscian and co	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	21.9 54		17 INFORMANT Virginia Go	ADDRE rdon same a			
v requires that the death an signed by the attending hen please remove carbon to burial, cremation, or ny injury, or other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, C	Hyper	NCE OF TON	sion, Ceres sine Hear NOT RELATED TO THE TERM o Vascular		SCUL MICH MICHAEL	IN PART 1(o	11
I. The law receives the second of the second	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	200. IF YES, W IN CERTIFYIN YES	G CAUSES	
DIVISION OF VITAL DING PHYSICIAN: utending physician. After this certificate is the burial-transit pe tith and Mental Hygiet marked or Item 18 s	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED	R) HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F	Y YEAR 19	21c HOW INJURY OCCURR 211 LOCATION STREET		Y IN ITEM 18, PART I		STATE
TO HOSPITAL OH ATTENDING retained by the hospital or attend TO FUNERAL DIRECTOR. After should be detached for use as the with the State Dept. of Health an IMPORTANT: If Item 21 is mark	W	WHILE AT WORK AT WORK 120 I certify That (I) (This has saw the deceased alive a above. (I) (we) (did) (did) 121b. SIGNATURE 122d PHYSICIAN'S NAME (TYPE	poital) offended to	he deceased from	6/	26 19 81 nd that ((my) (aur) opinion of	medical STAF	19_ 19_ ite and hour an	d from the c	that (I) (we) lost couses stated SIGNED
Leh BP	23a (BURIAL CREMATION, REMOVA SPECEY) Burial		500 0		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		INTY	STATE
DHMH-16 25M (VRA 15 4) 1/79	24 F	UNERAL DIRECTOR NAMDonaldson F				25e. DATE	REC'D. BY REGISTRAR		IGNAL	Varthen

THURS MEASURILA HOUR

oneldson superal times, trunct, he will not all Karakan to

07-03-81 7:05F8	LARL	.a B	LISELDYT
na na	0281 9, 1920	.oun3	Female
PRINCE GEORGES COUNTY		Sermeny	Germany
Home maker - Cwn Frome	S SENERAL MEP.	PRINCE GEORGE	CHEVERLY
12502 Starlicht Lane		siwns .	Maryland P.G
	Selma	Cresnon	.H MORNOL
Sowie, Maryland A. Karl, 12502 Starlight Lane	onsiloi TANSA	-21-000	20

6700 Auth Pl., Comp Springs, Maryland Crem tion | 17.6/1981 Ft. Lincoln Crem | Brantwood, Maryland | 8eall Fuheral Home | 16000 Anapolis Rc., 8cv. e. Mr.

REGISTRAR DECEASED NAME FRST MIDDLE LAST To. DATE KNOWN MONTO OF ESTI-	20 19 81 N 1H DAY YEAR 24 HOUR 9:38 20 19 81 a M UNITY OF DEATH
(TYPE OR PRINT)	20 19 8 N TH DAY YEAR 24 HOUR 9:38 9:38 UNITY OF DEATH 2'S COUNTY, MD
Jane First Jane Flizabeth Keller Aug. 3. SEX A. RACE S. DATE OF BIRTH Aug. 3. 1958 A. AGE (IN YEARS IF UNDER 14 HRS. IF UNDER 24 HRS. PRONOUNCED DEATH Aug. 3. 1958 ANDITE Female White Aug. 3. 1958 ANDITE A	TH DAY YEAR 24 HOUR 9:38 20 19 8 1 3 M
Female White Aug. 3, 1998 22 YRS To BIRTHPLACE (STATE OR MATE OF WHAT COUNTRY? MARRIED NEVER NEVER	20 19 81 a M UNTY OF DEATH 2'S COUNTY, MD 1126 KIND OF BUSINESS
Maryland U.S.A. Widowed Divorced Prince George 10. CITY OR TOWN OF DEATH Cheverly Prince George's General Hospital Waltress Prince George's General Hospital Waltress USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATE Maryland St. Mary's Mechanicsville Is MOTHER'S NAME LISST MODLE MARRIED NEVER MARRIED Prince George Prince George Prince George Prince George Waltress Waltress No IX NSIDE (ITY LIMITS? Rt.#3 Box 237	e's County, MD
10. CITY OR TOWN OF DEATH Cheverly Prince George's General Hospital 128 USUAL OCCUPATION (TYPE OF WORLD FOR MOST OF WORKING LIFE) 129 USUAL RESIDENCE (IF IN NURSING FOME OR TOTAL INSURT ADMESS) 130 STATE 131 ASTATE 132 STATE 133 STATE 134 Mary land 14. FATHER'S NAME 15. MODILE 15. MODILE 15. MODILE 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 1683	DE 1126 KIND OF BUSINESS
Maryland St. Mary's Mechanicsville No X Rt.#3 Box 237 14. FATHER'S NAME ERST MODE MODE	
FIRST MIDDLE LAST FIRST MIDDLE	
Clyde W. Keller Nadine G. C	Collins
2 Industrial Security No. 17. Informant Address War of Dates) 217-82-4468 Brenda J. Windsor Mecha	BOX 58 enicsville,Mo
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	
gave rise to immediate cause (a) stating the <u>under-lying cause last</u> . (b)	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is. 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED WHILE NOT WHILE STREET AT WORK AT WORK 217. PLACE OF INJURY (AT HOME. STREET STREET CITY OR TOWN RT. 3, BOX 341, Mechanicsville, 226. I certify that I how the stream of the remaining describits of the remaining describits of the remaining describits of the remaining describits of the part of the part 1 or	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY AND	20 AUTOPSY?
	YES 🖾 NO 🗌
216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2 KM 7 20 1981 Self inflicted	R PART 2]
CONTRIBUTING CAUSE OF DEATH 2 KM 7 20 1981 Self inflicted 71d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE W STREET, FACTORY, FARM, ETC.) STREET STREET STREET STREET STREET CITY OR 10WN Rt. 3, Box 341, Mechanicsville,	St. Mary's, MD
death resulted from Natural causes	TE 7 (00 (0)
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn St. Baito.	
Burlal 7-25-81 Frinity Mem. Gardens Waldorf # Char	Tes Mastate
24 FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, Maryland 75 PARTITION OF THE PROPERTY AND ADDRESS HOUSTRAN TO PROPERTY AND ADDRESS	SSIGNATURE

.i. burings CES you E . J X . o livenimenant a ve . is bonive. Y the legitor . Continu myettiseinnisi zarni. . zance 8844-58-715 ---and the second s Particular training the state of the state o Nuntt fungtel Home, Molders, North and

m f			CEASED NAME	FIRST	MIDDLE		LAST		ONTH DAY		26 HOUF
page 3 er death		3. SE		IARY	A		KELLY OF BIRTH	6. AGE (IN YEARS LAST BIRTHI	07 26	81	4:5
ector, rs offi			emale	W)	nite	oet	26° 1895°	85	YRS.	THS DAYS	HOURS
uneral dir	900	N	IRTHPLACE (STATE OR F	U.	ZEN OF WHAT CO	WIDOW		PRINCE GEORGE'S CO			
filed with	notified 7	(HEVERLY	PRÏ	NCE GEORG	E'S GENE	OR OTHER INSTITUTION RAL HOSPITAL	12 Retal OCompletive of work for most of v Stenographe	N WORKING LIFE)	126. KIND OF INDUSTRY U.S.	BUSINE
hauld be	35	13a. M	aryland	Prince G	13c. CITY	nce before admission) OR TOWN verly	13d INSIDE CITY LIMITS?	13e SIREEI ADDRESS Jason	Stree	t	
and 2 s	examin (14. F.	John	WIDDLE	Kel	l y	Jenny	WE		Crosby	
Pages 1	medical	16a	WAS DECEASED EVER	IN U.S. ARMED FO (IF YES, GIVE WAR OR	Carrier Contract Cont	16 4751	James F. Kel	ly Same as		(Nephe	w)
e remave car	ther traumati		Conditions, if any, gave rise to imm cause (a), statin	which nediate put the	JE TO, OR AS A CO	MEQUENCE OF	ocardid to	inforct the	0		
been signed by the attendir rmit. Then please remave car prior to buriol, cremation, ar	any injury, ar ather traumati	CATION	gove rise to imm cause (a), statin underlying cause	which nediate g the lost.	JE TO, DR	ING TO DEATH BU	T NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	
it. T	m 18 shows any injury, ar ather traumation	AL CERTIFICATION	gove rise to imm couse (o), stolin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING C	which nediate lost. NIFICANT CONDIT	LE TO, OR TO THE LET TO THE LET THE LE	ING TO DEATH BUT	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES	
permit. T	inked or tem 18 shows any injury, ar ather traumati	MEDICAL CERTIFICATION	gove rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN 19t DATE OF OPERAT	which nediate go the lost. NIFICANT CONDIT	UE TO, OR TO	WHICH OPERATION THE DAY YEAR 19	ON WAS PERFORMED	20a AUTOPSY? YES NO 🗖	20b. IF YES, W IN CERTIFYIN YES [IN ITEM 18, PART I	ERE FINDING G CAUSES	OF DEATH
permit. T	IT. If them 21 is marked on them 18 shows any injury, or other traumatis		gove rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CIF EITHER NOTIFY MEDIC 21d, INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT AT WORK 22a, J certify that (J)	which nediate go the lost. WIFICANT CONDIT. WI	JE TO, OR CONTRIBUTE CONDITION FOR TIME OF INJURY OUR A.M. MON P.M. P.M. PLACE OF INJURY	WHICH OPERATIC WHICH DAY YEAR 19 (Y, OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI	20g AUTOPSY? YES NO CONTROL NATURE OF INJURY: CITY OR TOWN death accurred on the date	20b. IF YES, WIN CERTIFYIN YES THE ITEM 18, PART I	COUNTY	NO ST
permit. T	MPORTANT # Nem 21 is marked or nem 18 shows any injury, or other traumatis	MEDICAL	gove rise to imm cause (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT CIF EITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK 22a. I certify that (1) 22b. SIGNMURE	which nediate go the lost. NIFICANT CONDIT	(c) (c) (NONS CONTRIBUTION FOR DETAILS OF INJURY OUR A.M. MON P.M. D. PLACE OF INJURY HOME STREET, FACTORY And the bed paths depat	WHICH OPERATIC WHICH OPERATIC WHICH DAY YEAR 19 V. OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI 211. LOCATION STREET and that in (my) (our) apinion DEGREE PHYSICIAN 226. ADDRESS	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOWN death occurred on the date	20b IF YES, WIN CERTIFYIN YES TO THE TENT IS PART I	COUNTY B Afrom the c	ST hat (I) (wouses stor

07 26 81 4:50 ^P	YJJEN	A Y	
	7087 , 30 . 34	6.1346	
PRINCE GEORGE'S COUNTY	1/1142/C 1AC3	RAINCE GEORGE'S GE	CHEVERLY
	1-11 (C) 1-0 1-1	as a devicae daman	Carra Vallo
Jaeus mani Alla		ringe Geo. Characty	1 Sportweek
ydani"	vans (-	TIZO.	mfo l
(vedant) 71 ut mod 'y	Un Sample 1	ESP SE VIE	o¥
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		a de la	
in the state of th		. 5) 5	
		2.2	
the same of the same of the		12.00	
2			
12 -72-	이 10년 학	July 22 11	
11:719	Med ?	Carle Art Die	Sec.
	See See 1	mening, E.B.	
Lindan I. I. Maryland L.		- Jens Penegari Hers.	felmo 'Home' wlouge's shiredtey

completely filled in by the 1 and 2 should be filed with

			ST	A	TE	0)F	M	A	R	۲L	A	N	D
-	ABY	 MY	-	P	200					D.I		-	LE!	B.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND M		REG. I	NO.	9 2.	5	2
		CEASED NAME FIRST FOR PRINTING FRANKI	RANKLE	R.	KEY	SE KEYS	ER	7/ 20	/81	DAY YEAR	26 HOUR	9 M
	3 SEX	EMALE	Whi	te	S DATE O		VEAR 02	AGE (IN YEARS LAST II	YRS.	F UNDER I YEAR	HOURS	A HRS
3	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) RGINIA	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	ARRIED TO	PRINCE GE		OF DEATH		MD.
)	A	TY OR TOWN OF DEATH DELPHI	MANOR	HOSPITAL, NURSIN HPACILITY, GIVE STREET A CARE NUR	G HOME C ADDRESS) RSING	OR OTHER INSTIT	UTION	176 USUAL OCCUPA (TYPE OF WORK FOR MOST PERS , SPEC	TION OF WORKING LIFE	E) INDUSTRY	GOVT.	SOR
2	130 S		ROTHER INSTITUTION NTY . CO.	ADELPHI			40 🗆		h AVE.		`	
C		THER'S NAME HARLES HA	MIDDLE NSON	KEYSER		15. MOTHER'S	151	WIDDLE		RIXE		
	(Y	VAS DECEASED EVER IN U.S. A (85, NO OR UNKNOWN) (1# YES, GN	RMED FORCES? /E WAR OR DATES)	578-58-7		MRS. J.		ATER SA	RESS ME AS #	# 13	21	
		Conditions, if any, which gove rise to immediate couse io), stating the underlying couse last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE FOLLY	NCE OF NCE OF	terizati	infec	ton			8/tory reeles	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT Parkerson 190 DATE OF OPERATION	m, c	LYCLYVY ITION FOR WHICH	scul	Per acc	ilea		206. IF YES	, WERE FINDII	NGS USED	1?
7	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF EITHER, NOTHY MEDICAL EXAMINED 214. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK	HOUR A.	M. MONTH DA	19	211 LOCATION STREET		ED (ENTER NATURE OF INJ	DURY IN ITEM 18, PA		STA	16
	Describe	276 I certify that (1) this hosp saw the deceased alive a above (1) we lided ided in 27b. SIGNATURE	Chr	19_	/	DEGREE AT	Dur) opinion d	leoth occurred on the	dote and hour	19		
		P SCHISSLEAM	- mo					SLVD COLL	L. PK	no 2	0740)
2	. (5	SURIAL, CREMATION, REMOVA SPECIFY) CREMATION	236. DATE	AT GET LINE		EMETERY OR CE		SUITLAND	P.	G . CO.	STAT MI	· .

TO FUNERAL DIRECTOR: A should be detached for With the State Dept. of

IMPORTANT: If Item 21 is marked or Item 18 sh

JOS GAWLER'S SONS 5130 WISC APPRESE. NW. WASH., D.C. DHMH-16 25M (VRA 15, 4) 1/79

750. DATE REC'D. BY REGISTRAR 753. REGISTRAR'S SIGNATURE

Same News Name Name

9	1.	FOR STATE			STATE OF MARYLA INT OF HEALTH AND I CERTIFICATE OF D	MENTAL HYG	IENE 8	19	256
e 2		REGISTRAR CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	ZEATH	REG. N 20. DATE OF DEATH	O. MONTH DAY YEA	2b HOUR
oy b	1		HARLES 14. RACE	W.	KIENAST		4.405	07-17-81	11:07 AM
де 4 т	3. SE	Male	Cauc		Oct. 20, 1	912	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
of P. P.	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey	U.S.A.	T COUNTRY?	MARRIED X NEVER	MARKED 3	9. BALTIMORE CITY OF PRINCE GE		MD.
s ofter d	10. €	CHEVERLY	(IF NOT IN SUCH FACE	ILITY, GIVE STREET AD	HOME OR OTHER INST		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C et. Driv	1 11 0 mm to the c) 11 10 00	TRY Itest
24 hour filled in ould be 1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	ROTHER INSTITUTION, GIVE R NTY 130.4	CITY OR TOWN	DMISSION) 13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS	isborough	Road
ompletely I ond 2 sh	14. FA	THER'S NAME FIRST August	MIDDLE	ienast	15. MOTHER'S	S MAIDEN NAM			ndler
IMORE, In ond col		VAS DECEASED EVER IN U.S. AI res. no or unknown) (# yes, Gi	RMED FORCES? 16b.	SOCIAL SECURI			M99 enast, 1200	chellvil	le. Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other this certificate been signed by the attending physician and completely filled in the street this certificate permit. Then please remove corbon papers. Pages I and 2 should be lift and Mental Hygiene prior to buriol, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUEN	CE OF	O TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	TIO TIO
TAL RECORI	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION	N FOR WHICH O	PERATION WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WERE FIR IN CERTIFYING CAU YES [NDINGS USED JSES OF DEATH? NO [
HYSICIAN: TI ading physici ins certificate buriol-transi i Mental Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M.			JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	1 2)
DIVISION DING PHYS or offendin After this ce as the bur ofth and Me morked or B	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FAR	M ETC) 21f. LOCATIO	NC	CITY OR TO	WN COUNTY	Y STATE
NITEND or spital or construction of Heal of Heal		sow the deceased alive obave (1) (this hasp	7/16/81	10 8		Dour) opinion o	deoth occurred on the de	ote and hour and from	the causes stated
Y the hory the hory the hory RAL DIREC detoched detoched LT: If them		22b. SIGNATURE	2 frads	9-3	1 CWA		MEDICAL STAI	cc .	ATE SIGNED
TO HOSPITAL refolined by 11 TO FUNERAL should be det with the Store IMPORTANT.		Nelson G. G	- F			Super	ior La.,	Bowie, M	d.
C 303		BURIAL, CREMATION, REMOVAL	7/20/8	1 Ft.	Lincoln	Cem.		od, Maryl	
DHMH-16 30M 2/80 (VRA 15, 4)	24. FI	JNERAL DIRECTOR Beal 1			Re Md.	250. DATI	2 2 1987	Tianu Jan	MATURE

CHARLES W. KIEWST 07-17-81 11:07 AM

Web lersev U.S.M. PRINCE GEORGE'S

CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Ret. Triver Seltest

Maryland P.G. Mitchellville 1200h Lisborough Bour

August Kien st Maria Soundle Mitchellville M

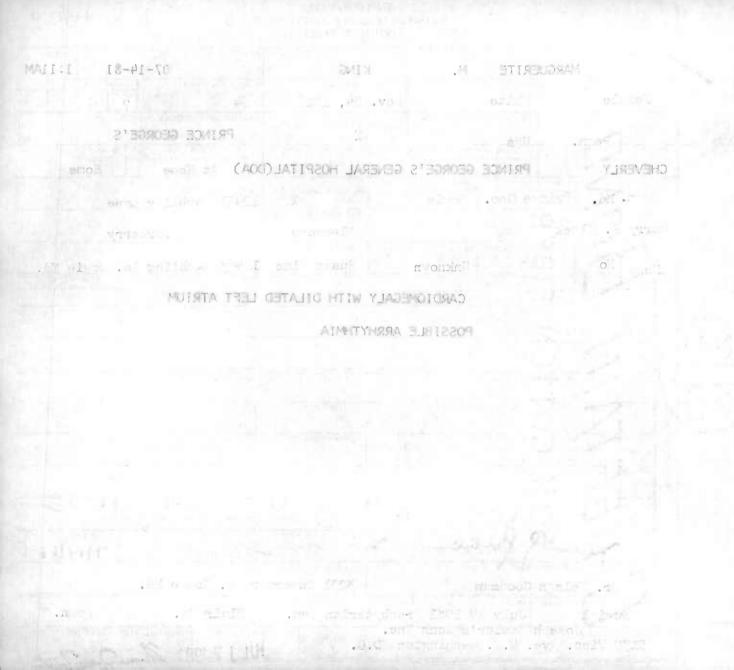
Mitchellville M

no ---- 578-16-0329 Ann H. Kien st. 1200h Lisborough C.

Nelson G. Goorman, M.D. 3231 Superior Lu., Bowle, Mr. Burill 7/20/81 Ft. Lincoln Cem. Brentwoor, Harvish Bell Fureral Bone 16000 Ain polis Ft., Bowle, Nr.

70		1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG, NO.	9 2	5 7
e pe	death death	(TYPE	CEASED NAME FIRST Claric		imble	LAST		DAY YEAR	150 AM
1	1	3 SE	Female	White	5. DATE O	ay 10,1910	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR	E UNDER 24 HRS HOURS MIN.
	1) 85		RIHPLACE ISTATE OR FOREIGN Vest Virginia	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED D	Prince Geor		MD
on offer s	by the filled with		TY OR TOWN OF DEATH Clinton	11. NAME OF HOSPITAL, NURS		nd Hospital	TZE USUAL OCCUPATION (TYPE WORK TO BACE TO E WORKING LIFE (TYPE WORK TO BACE TO BE WORKING LIFE (TYPE WORK TO BACE TO BE WORKING LIFE (TYPE WORK TO BACE T		ME BUSINESS OR
AND 212	filled in ould be	13a S	AL RESIDENCE (IF NURSING HOME OF LATE	or other institution give residence before the control of the currency of the	vine	134. INSIDE CITY LIMITS?	13. 1721 Ozes Cherry	Tree	Crossin
MARYL,	and 2 sh		David Adam Do	ean LAST		15. MOTHER'S MAIDENNA Un'i'e	Katherine Mo		
IMORE,	Poges 2		VAS DECEASED EVER IN U.S. A	rmed forces? 166 SOCIAL SEC None Dates) 212-72		Sonny Kim	ble same as #1	3	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours outending physician.	signed by the attending physics hen please remove carbonopoper to burial, aremation, or removal. njury, or other fraumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL DUE TO, OR AS A CONSEOL (c)	utic UENCE OF UENCE OF		T breas T		IMATE POTERVAL ONSET AND DEATH
AL RECOR	rsit permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
JOFVII.	S certificate h buriol-transit Mental Hygie or Item 18 sho	ICAL CER	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	(RT 1 OR PART ?)	
IVISION JG PHYS	ter this of the bull of the bull with the bu	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (A1 HOME STREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
R ATTENDIA	DIRECTOR: Af		saw the deceased alive a	oital) attended the deceased from n19		nd that in (my) (aur) apinion (, to		
O HOSPITAL O	Should be detacl with the State De IMPORTANT: If I		22d PHYSICHAN'S NAME (1798 Dr. Louis	,	119	ATTENDING PHYSICIAN C	Medical Staff Director Physician Dreng Draryland	7-10	4-81
S BP		23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE 23c.		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Gardens Waldor	county	STATE Md
	6 50M 1/B1 A 15, 4)	669	Bandld Alexa	neral Home In nder Ferryvko	ad cl	inton Md	E REC'D. BY REGISTRAR TO REGISTR	AP'S SIGNATI	URE OLG

New Transport and American Service Control of the Control of Salul alabase men model - windermood feath not business where not got moveds IS HI-F THE DE HIS DOCUMENT TO SEE OF THE TANKS TO BE SEED OF THE



WO 50X 07 31 81 5:37 6 EDWARD A. BOD! TELLIS PRINCE GLORGE'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL PROPORTION y that we lo took one's backgraft the start sained into cleanatch mesta-THE REPORT OF THE PARTY OF THE RESERVE AND THE RESERVE AND THE PARTY AND entanted and falances of Invited Property Cash's Jones Poperty Moses, P.A. Benfreydillo, Marshauff

b	1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 9 2 6 0 CERTIFICATE OF DEATH REG. NO.						
m 5	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
9 per	ABRA	HAM	KOSS	07 2	6 81 4:03 M			
e 4 1	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
- 1	MALE	CAUCASIAN	DEC. 16, 1899	81 YRS.				
Of GNA	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) NEW YORK	U.S.A.	MARRIED NEVER MARRIED	PRINCE GEORGE'S				
10	CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OF OTHER INSTITUTION ET ADDRESS) GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LE FURRIER (RET.				
MARYLAND 2 120 red within 2. hour mpletely illied in b and 2 should in it exominer mittaben	USUAL RESIDENCE (IF NURSING HOME) 130. STATE FLORIDA DADE	JNTY 13c CITY OR TO	EACH YESXX NO	13e STREET ADDRESS 750 Jefferson	Avenue, APT, #7			
ampletely and 2 s	14. FATHER'S NAME FIRST SAMUEL	MIDDLE LAST KOSS	15. MOTHER'S MAIDEN NA FIRST RACHFL	WIDDLE	DEKALB			
be execution on the state of th	16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 083-05	(3011)		IE, MARYLAND THROP PLACE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMOR ING PHYSICIAN: The low requires that the death certificate be exerciteding physician. When this certificate has been signed by the oftending physician and as the buriol-transit permit. Then please remove carbon papers. Page the and Mental Hygiene prior to buriol, cremation, or removal. orked or frem 18 shows ony injury, an other troumatic event, the medical process.		DUE TO, OR AS A CONSEO	HENCE OF ROTIC CARPIN	ovasevear biser	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 M/N 150 FM 0 N'7HS			
VITAL RECORDS, 201 W. The low requires the hysicion. Incore hos been signed froms in permit. Then ples. Hygiene prior to burio. 18 shows ony injury, or	190 DATE OF OPERATION 2 2, 191 210. ACCIDENT WAS UNDERLYING	MECLITUS 196 CONDITION FOR WHICE BENIEN 216. TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED ROSHITIC HYPERTRU 216 HOW INJURY OCCUR	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)			
WISION OF VIOLENT OF PHYSICIAL OF THIS certification is the buriol-trion of Mental liked or Item.	OR CONTRIBUTING CAUSE OF D OF CONTRIBUTING CAUSE OF D (IF EITHER MOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	CAIN	DAY YEAR 19 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
he hospital or DIRECTOR. B. DIRECTOR. B. DIRECTOR. B. Dopt. of Heal	220.1 certify that (1) (this has sow the deceased alive a above. (1) (and this late) (did to 22b. SIGNATURE	K Solve	DEGREE ATTENDING PHYSICIAN	death occurred on the date and ho	19 St, that (1) (we) last ur and from the causes stated 22c DATE SIGNED JULY 26, 1981			
O HOSPITA eroined by 1 TO FUNERAl should be de with the Stott	122d. PHYSICIAN'S NAME ITYPE	BOHRER M		ERIOR LANE	BOWIE, MD			
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	JULY 28, 81 236	MT. GOLDA CEMETERY	23d. LOCATION CITY OR TOWN HUNTINGTON	COUNTY STATE N.Y.			
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR DANZANSKY-GOLDRER	G CHAPFIS 1170	ROCKVILLE, MD. 250 DA	TE REC'D. BY REGISTRARIA REGIS	TRAR'S SIGNATURE			

The state of the s THE RESERVE TO SELECT THE PROPERTY OF THE PARTY OF THE PA SECTION AND THE PROPERTY OF TH

3 20	Items #2a&2lb Film G 1-state REGISTRAR	DEPARTMENT OF HEAL' MEDICAL EXAMINER'S	FMARYLAND TH AND MENTAL HYGIEN CERTIFICATE OF DE	NE 9	2 6 2				
Long	1. DECEASED NAME FIRST (TYPE OR PRINT) Mark	Joseph	Kuite	20. DATE KNOWN A MONTH OF ESTI-DEATH MATED 6	26, 81 M				
	male white sept	t 28, 1942 38 yrs.	UNDER 1 YR. IF UNDER 24 HRS.	PRONOUNCED 6	27 19 81 9:00A				
9	New York	U.S.A. WIDO	RRIED X NEVER MARRIED DIVORCED DIVORCED	Prince George	e County MD.				
C	Riverdale Ba	ME OF HOSPITAL, NURSING HOME, OR O	FOR	UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE)	OR INDUSTRY				
3	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER II 136. STATE 1136 COUNTY Maryland Prince (13c CITY OR TOWN	13d. INSIDE CITY LIMITS? 130. STE	812 Wincheste	r Lane				
	14 FATHER'S NAME FIRST JOSeph	Ku i te	Mary	Ambu					
	160. WAS DECEASED EVER IN U.S. ARMED FOI (YES, NO, OR UNKNOWN) UE YES, GIVE WAR OR D. VIETNAM		2 Marsha Kuit	ADCanfie e,31 Saw Mill	Id, Ohio Run Rd.,				
	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.	gave rise to immediate (b)							
1	NO	198. CONDITION FOR WHICH OPERATION			20 AUTOPSY? YES X NO				
3	S CONTRIBUTING CAUSE OF DEATH	one a.m. Month day, year dr		nature of injury in item 18 part or pail collision with	ART 2)				
	WHILE NOT WHILE AT WORK X	roadway Ba	altoWashPkwy, Ri	verdale, PG Cou	unty, MD STATE				
	27a. I certify that I took charge af the death resulted from: Natural causes		TITLE (SPECIFY) Assistant	Inquiry , and in my operermined manner , DICAL EXAMINER SIGNE	6/27/81				
X		ez R. Guard, M.D.		Street, Baltimore					
	230. BURIAL, CREMATION, REMOVAL 236. DATE Burial July 24. FUNERAL DIRECTOR ROAD	3,1981 Calvary (YOR CREMATORY 23d 10 Cemetery Sa	OCATION Y PROWN AMANCA, New Y REGISTRAR 256. REVISTRAR'S S	York STATE				
	16000 Annapolis	uneral Home	25e. DATE REC'D. B	I KEGISIKAK IZIB. KEGISIKAKSS	MINATURE				

--- Esot 20,1942 80 New Yearle Fivervale Bithouter to the and a computer Money all Name | and Prince Gentae Bowle | X | Name | 2812 WHOTHES CER Land Kuite 109201 Canfield, Ohio Vietnam 114-34-2452 Marsha Kulte.31 S.w. Mill Kum Mv.. 23 Secient July 1,1981 Calvary Some corv Sel moren. New York Seall Foneral Home 16000 Annapolis Le., Bowie, Marylany

C EVERLY PRINCE GLORGE'S GENERAL HOSPITAL THE PRINCE CHARGE LINE

To be a mineral state of the second state of t

and the second s

to	3	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								2	6	4				
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.													
			CEASED NAME			MIDDLE			LASI		OF			DAY	YEAR	26 HOUR
	A SHALL	3 SE	FUNICE M. IADAS DEATH MATED 07 09 81 1 370 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER 1 YR. (IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 128 HOLD									37AM				
	(到底)		MALE	WHITE	Mar 9,	1911	70 YR	YI MONTH	HS DAYS	Hours M		UNCED	7-0	9	81	477
-		7a B	IRTHPLACE (ST DREIGN COUNTRY)	ATE OR	76. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. BALTIMO			IMORE CIT	Y OR COUN	TY OF DE	ATH	T M				
	A 3 5 5 5 7 7	Ma	ryland		USA WIDOWED DIVORCED Prince Geo						MD					
	大田田田田	100	ITY OR TOWN		II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GRY STREET ADDRESS) OUT THE OTHER CHARGEST ADDRESS OF WORKING WEB OUT THE OTHER CHARGEST ADDRESS OF THE ADDRESS OF THE OTHER CHARGEST OF WORKING WEB OUT THE OTHER CHARGEST OF THE OTHER CHARGEST OF THE OTHER CHARGEST OF THE OTHER CHARGEST OF WORKING WEB OUT THE OTHER CHARGEST OF THE OTHER CHARGEST OTHER CHARGEST OF THE OTHER CHARGEST OTHER CHARGEST OF THE OTHER CHARGEST OF				OR INDUSTRY.							
	AIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN P		inton		outhern I				.1		Ketire	1 1)8	Gov't	Land		ment
11201	A SECRET	13a. S	Marylan	136. COUN		13c, CITY	or town		13d. INSIDE CI YES	NO 13	812 CT	oress ark S	tteet		0,5	ment
RE, MD	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF "PENDING" IN PENCIL IN ITEM IE. GIVE PAGES 1.2. FF MEDICAL EXAMINER ACONG WITH HORM PAN 3 ED AS A BURIAL-TRANSIT PERMIT PAGES I AND 2: HEALTH AND MENTAL INGENE DIVISON OF WITH ILL CREMATION, OR REMOVAL	14. F/	John		A MIDDLE	Mit	Mitchell		15. MOTHER'S MAIDEN NAME LeTia M.		Lloyd					
OWIL	PAG PAG PAG PAG PAG PAG PAG PAG	16a. V	VAS DECEASEL ES. NO. OR UNKNO	EVER IN U.S. AR	MAR OR DATES				17. INFORMANT HUSDAND ADDRESS			// 1.0				
BALT	S AF GIVE PAG NISK						07 102	5	Ange	lo N. L	adas	58	ame as			
St.	MAT WAT		18 CAUSE O PART I DE	18 CAUSE OF DEATH (Enter only one cause per inter (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ### OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER								AND DEATH				
TON	PER PER PARENTE PER PER PER PER PER PER PER PER PER PE	-	44,	15 IMMEDIA	TE CAUSE (a)	F4.	SEQUENCE C			1	3774					
PRES	ANSWER VERN		Conditions, if any, which													
*	PENCE AMIN AMIN OR	16	gave rise to immediate (b). cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF													
5, 201	CUTE EX		(c)													
RECORDS,	E EXECT DING" DICAL A BUR TH ANI	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).													
	PENDING BE WENDING BE AS A HEALTH	A S	190 DATE OF OPERATION M96 CONDITION FOR WHICH OPERATION WAS PERFORMED?								TOPSY3	,				
DIVISION OF VITAL	WORD "PE WORD "PE WORD "PE WORD "PE SNI OF HE BURIAL, ()	CERTIFICATION	Rose A											YE	s	NO _
OF V	ATE S F WC I'HE O WENT			L CAUSE WAS	21b. TIME O HOUR A.A		DAY YEAR		OW INJURY	OCCURRED (ENTER NATURE O	F INJURY IN ITE	M 18 PART I OR P	ART 2)		
NO	GTHC HOU HOU HOU IOR	MEDICAL		NG CAUSE OF	DEATH P.A	٨.	19									
SIVIS	CERTIFING STEED TO SEPAIN	MED	21d INJURY C	NOT WHILE [21e PLACE STREET, FAC	TORY, FARM, E			CATION		CITY OR	TOWN	co	OUNTY		STATE
	INNER: THIS CERTIFICATE SHOULD FIGATE, WRITING THE WORD "PIECE FORWARDED TO THE CHIEF. TORE, PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL,		AT WORK	AT WORK		/				Г	/					
	A NO STATE		220 Certify that I taok charge of the remains described abave, held an Autapsy Inspection Inquiry Inquiry Ond in my opinion													
	SATISTIC OF THE WITH WITH WITH		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,													
	##64E		ACTUAL SIGNATURE	THISM	m/ En	del	wel	м	_	uty	_MEDICAL EX	AMINER	DATE	ED 7-	9-	81
	NES A SPECIAL	1 -	EYAMINED'S													
	TO MEDICAL EXAMINE EXECUTE THE CRETIFIC PAGE 4 SHOULD BE TO PUNERAL DIRECT TO PUNERAL DIRECT DEATH, WITH THE BALTIMORE, MARVIA IL		EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md.													
25	00	23a.B	SPECIFY)									TE				
	BP		Buria	TOR		Suit	land, M	aryl	and	250. DATE REC	Suitla D. BY REGIS				Md RÉ	
Fel	DHMH-17 (VR A15 ME (5))	Ro	bert E	. Wilhelm	n Funeral	Home				JUL 1	4 1981	Alen	u Que	Marc	6	
	15M 2/80	-														

WELL THE STATE OF el militare = 0.5 The state of the s Lapined onthe municipal Charles Charles Comment of the Comme The state of the s Company of the control of the contro

10-	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 REG. NO.	9-265					
e ω€ 1		CEASED NAME FIRST	OLETTA M. La	Ndon	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
- M	_				5 July 81	0530 em					
_ (M)	3 SEX	F	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR 25 26							
The state of the s	W.	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	/? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		COLGES MD.					
O the state of the	IO CI	YOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS SIF NOT IN SUCH FACILITY GIVE STRE Southern Man		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Chief Clerk	126. KIND OF BUSINESS OR INDUSTRY US Senate					
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in hopers Pages 1 and 2 should be lit wol. it, the medical examiner must be	13a. S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)							
E, MARYLAND 2 cuted within 24 h completely filled s I and 2 should to		THER'S NAME FIRST Anthony	MIDDLE Fiora	15. MOTHER'S MAIDEN FIRST Angiole	I NAME	.mo					
RE, N	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRESS	into					
IMORE, on ond or pages I		es, no or unknown) (if yes, give	235-38	-2664 Richard	J. Landon, Son,	Same as Above					
W. PRESTON ST., or the deoth certific by the attending phy the attending phy cremation, or remother troumotic even		PART I, DEATH WAS CAUSE	DUE TO, OR AS ACONSEO	ectory failure	e a 2/Obst premuse Engthemotoris	APPROXIMATE WITEVAL BELWEEN DOSELAND DEATH					
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires this cattificate has been signed be os the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orked or them 18 shows any injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 20b. IF)	(ES, WERE FINDINGS USED					
AL RE lo an. hos t peril ene p	TIFIC	NA			M -	TIFYING CAUSES OF DEATH? YES NO \(\bigcap \)					
ON OF VITA HYSICIAN: The ding physicic is certificate buriol-transit Mental Hygic por Item 18 sho		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM)	B, PART 1 OR PART 2)					
IVISION IG PHYS ottending ottenthis of stebur nond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE					
3 0 6		sow the deceased alive on	attended the deceased from 4July 19	44 .	nion deoth occurred on the date and h	our and from the couses stated					
TAL OR ATTEN by the hospital RAL DIRECTOR detached for ur tate Dept. of He NT: If them 21 is		226. SIGNATURE	Octgen, mo	DE GREE ATTENDIN PHYSICIA		5 July 81					
O HOSPITAL etoined by this TO FUNERALL should be deto with the State		William J.	Oetgen, M.D.	220 ADDRESS 3611 Bra	anch Ave., Marl	ow Hgts, Md.					
D	23a B	URIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY STATE					
fch BP_000		Burial	7-9-81 R	esurrection Cer		.G., Maryland					
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FU	NERAL DIRECTOR Robt	E Wilhelmadoress	4308 Suitland	DATE REC'D, BY REGISTRAR UN'REG	0/1 "					
(****) (**)	Funeral Home Rd., Suitland, Md.										

and the water and

36	Tt.	on 12a and 16 G STATE REGISTRAR	561 11/20FARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE IER'S CERTIFICATE OF DE		1 9	2	6	6
Ma o De	T. DE	CEASED NAME FIRST	llie Nelson	Langford	20. DATE KNOWN OF ESTI- DEATH MATED			YEAR 81	2b. HOUR
PY, PLEA DIRECTO SUR FILE NV STREE	3. SE)	male black	OF BIRTH SEAR LATER THE	ARS IF UNDER 1 YR. IF UNDER 24 HRS		7	31	YEAR 19 81	24 HOUR 1:41
1 1 5	3/1	extula Kentuck	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY Prince	_		EATH	MD
ALS ALS	18 CI	Cheverly	11. NAME OF HOSPITAL, NURSING HOM (16 NOT IN SUCH FACILITY GIVE STREET ADDRESS) Prince George Ge	eneral Hospital	SUAL OCCUPATION (*) COST OF WORKING LIFE,	HW HHI	OF	ND OF BURNDUSTE	SINESS
AND 31 RETAIN HOULD RECORD		RESIDENCE (IF IN NURSING HOME OR ATE 36 COUNT	Y B G WE RESIDENCE BEFORE ADMISS	Fill 13d. INSIDE CITY LIMITS? 13 53	REST SOPRES	aste	-20	410	101
DEATH. III DEATH. III AGES 1, 2, RM PM 3. I AND 2 S OEVITAL		THER'S PLANELY	MIDDLE LAST LAST	15 MOTHER'S MAIDEN NAM	mae	1	Ale	rt	-
RS AFTER DEATH, IF	16a. V (YI	(AS DECEASED EVER IN U.S. ARM S. NO, OR UNKNOWN) (IF YES, GIVE W	NED FORCES? VAR OR DATES) 16b. SOCIAL SECURIT	914 MCK ussic	mostuary 9	naya	Belf.	Her	tucky
201 W. PRESTON ST. UTED WITHIN 24 HOL IN PENCIL IN ITEM 18 EXAMINER ALONG RIAL - TRANSIT PERMIL OM, OR REMOVAL.		Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost.	E CAUSE (a) DI OWITTING DUE TO, OR &S A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	OF		7	MIN	MEN ONSET	AND DEATH
ECORD BE EXI SEDICA WEDICA AS A B ALTH A CREMA	NOIL	RECEIPTION CONTRACTOR	ONTRIBUTING 10 OEATH BUT NOT RELATED TO THE TERP						
SHOULD ORD "PROULD ORD "PROULD ORD "PROULD ORD "PROULD ORD "PROULD ORD "PROUPE OUR PROUP OF THE	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?				UTOPSY?	№ □
CETIFICATE SHOUL TING THE WORD "F ED TO THE CHIEF SED TO THE CHIEF SED TO THE CHIEF SED TO THE CHIEF SED TO SHOULD BE USE SERVINED BE USE SERVINED BE USE SERVINED SE		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI				BPART 1 OR F	'ART 2)		
# > 4 0 F 0	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (ATHOME, APARTEMENT COMPL	ex 5618 Livingston	Terr. Oxor	Hil	Purp.c	a. Co	.,Md.
XAMNER: TERTIFICATE, ID BE FORVING WITH THE STARYLAND, TARYLAND, T		/	e of the remains described above, held on all contest. Accident . St	TITLE (SPECIFY)	Inquiry , o	DATE		1/81	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, 9 BALTIMORE, M	-	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Gua		Penn Stree	t,Bal	to.,	MD	
BP	X	URAL, CREMATION, REMOVAL 23	8-4-81 That	ful halley	Mary feeld	,	No	ntie	iku
DHMH - 17 (VR A15 ME (5))	24. 6	PROLICE Y	1.30 00 20 2 1 M. Mass	250. DATE REC'D.	1001	GISTRAR'S	SIGNAT	URE	1

The second of the second of the second of the second of

500 UNIV BIVD W. STIVER SPRING, MD. 20901

FOR

(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Year was per	Tar of White or the State of		0.848
			N 5
Asther that Ac -			
	and the same		
0.00			
The second	着上山 黄金046500000000000000000000000000000000000		
	14		
meso of the same	3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1		

8	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	19268
(F)		CRASED NAME FIRST CORPRINT) Laura	I. Lawson	LAST		22,1981 76 HOUR //.'5/ N
(M)	3 SE	Female	White	Pune 4, 1892	6 AGE JIN YEARS LAST BIRTI	HDAY) IF UNDER TYPEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
22 hour	70. Bi	RTHPLACE (STATE OR FOREIGN DUNTRY) Laryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH Georges MD
of with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESSI Yland Hospital	12n USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired	
upan 135	130	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET APPRESS	cris Court
nd 2 sho	14 F/	William E.	MDDIE LAST	is mother's maiden na first Mary F	MIDDLE	LAST
Pages 1 a		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)	ARMED FORCES? 166 SOCIAL SECU INE WAR OR DATES) 577-01-	16	ADDRE	
n signed by the attending phen please remove carbon gat to burial, cremation, or remove triulants by injury, or other traumatic.	NO	Conditions, if any, which gave rise to immediate cause 101, stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		AINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)
permit. T sene prior 3 shows at	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Accentical straight of the second sec	10000	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DA	YEAR	RED (ENTER NATURE OF INJUR	IY IN ITEM TB, PART T OR PART 2)
After this the burn	MEDICAL	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
O FUNERAL DIRECTOR: hould be detached for use as with the State Dept. of Health ARORTANT: It tam 21 ar		sow the deceosed olive obove. (we) (did) (did)	ORPHINI) Katze	DEGREE ATTENDING PHYSICIAN 1 PARAMETERS 2645 Nay]	DORECTOR PHYSIC	19 , that He (we) lost out and hour and from the couses stated 22. DATE SIGNED 7/23/81. E. Wash. D.C.
3P	23a E	Burial, CREMATION, REMOVA		NAME OF CEMETERY OF CREMATORY		
DHMH-16 25M VRA 15, 4) 1/79		535 Old Alex	ander Ferry Ro	• 25e. DA	JUL 2 7 1981	25b. REGISTRAR'S SIGNATURE

the state of the second second

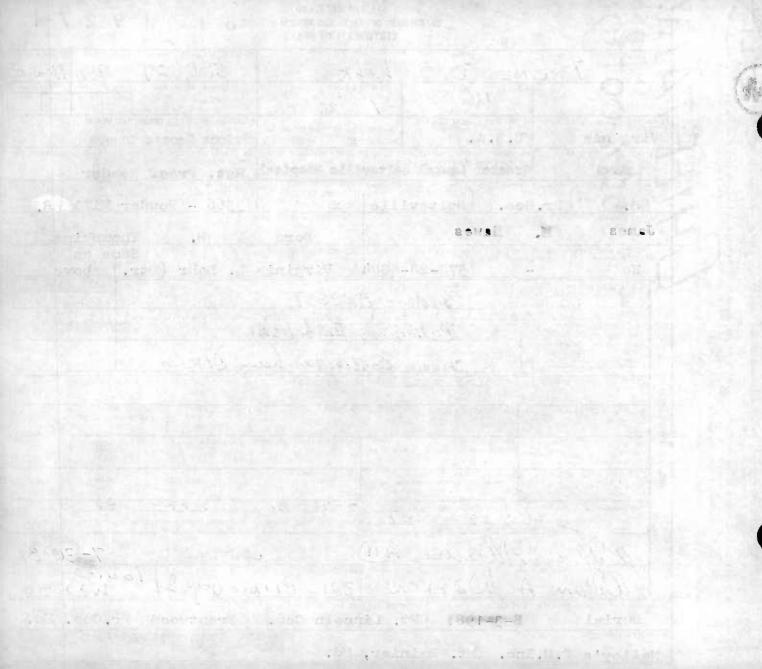
MIVJEN . TE HO'EJ 07 IS 81 5:10A. EAST III Into 25/19/19 30/199 CHEVERLY PRINCE GEORGES CENTRAL HOSPITAL D. . DARB TORIGONIAL argland Prince Ceo. Nortwille x | 4715 Shilm Street boards autom: Tolk the entering of the day of the leading of the property of the sections with the section of the s Little of amount affice a markey of the state of the Salar Commence of the Commence Mr. . Himsing! "See States to State . M. asmbini . M biyon Coder Mill Coder Still Coder Still Constant Still and State Son Start Property Cook Former Anne States Flores incorrect of the the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

Finten Loutheyn A. Josepher



8	X	1.	FOR - STATE REGISTRAR	DEPARTI		I AND MENTAL HYGI E OF DEATH	ENE 8 REG. NO	1927	2
	4 74 8 8		CEASED NAME FIRST WILLIA	MIDDLE M	LEVEY	Levy	2R DATE OF DEATH N	8 DAY YEAR 20 HOUR	P _M
		3 SE	MALE	4 RACE WHITE	5. DATE OF BIR	DAY 11 - YEAR 6	AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS A	HRS AIN
	NIP DO	C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) PENNSY-AJINA ITY OR TOWN OF DEATH	US USA	WIDOWED	DIVORCED		GEORGES	MD.
201	and and and	H	VATTSVILLE	11. NAME OF HOSPITAL, NURSIN INNOT IN SUCH FACILITY, GIVE STREET MANOR CARE	ADDRESS)	SVILLE		MORKING LIFE) RODUCE METCHANT	OR
LAND 21	35	M2	ryland N	ONTGO SILVER S	PRINC YES		851 Loxfor	d Terrace	
MARY!	Water 122	2	ATHER'S NAME FIRST ISAAC	Leve	y y	OTHER'S MAIDEN NAM	MIDDLE	Holtz	
TIMORE	Spendar	160	VAS DECEASED EVER IN U.S., AI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 177-05-9		osaland Sch	uldenfrei (
DS, 201 W. PRESTON ST	requires that the death or in speed by the attendings hen places remove calcion to burial, cremation, or re by agury, or other traumat	NO	Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	ENCE OF	RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PART 1(0)	
IL RECOS	te has been prior and permit. The law prior inhows an extension of the law prior and	TIFICATION	I to DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES	,
OF VITA	Physician physician antermit antal Hyg w teen 18	CAL CERT	21a ACCIDENT WAS UNDERLYING (OR CONTRIBUTING (CAUSE OF DE	EATH HOUR A.M. MONTH D		HOW INJURY OCCURRI	D (ENTER NATURE OF INJURY	(IN ITEM 18, PART 1 OR PART 2)	
DIVISION	DING PI After th a fle burn th and M marked (MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		OCATION STREET	CITY OR TOW	COUNTY STATE	
4	OR ATTEN Neppital or a DIRECTOR and for use i apt. of Heal			n 19_ not) view the body of er death.	. ond that		eath occurred on the do	19, that (I) (we see and hour and fram the causes state 22c DATE SIGNED	
	TO HOSPITAL TO FUNEHAL! TO FUNEHAL! To FUNEHAL! MPONTANT:	1	Myron L. Len			ATTENDING PHYSICIAN DADDRESS 309 Shorefi	MEDICAL STAFF	heaton, Md. 20902	
32	BP	230.	BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETE	ery or crematory her	Wilkes-Ba	rre, Luzerne, Pa.	
deh	DHMH-16 25M (VRA 15, 4) 1/79	24 to	JNEALDIRECTOR STEIN 32 CARRULL STRE	HEBREW MEMORIAL ET, N.W., WASHIN	FUNERAL GTON, D.	HOME C. 25m. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE	

The state of the s 15 of the state of Francisc - See Tilling to Value - Valu

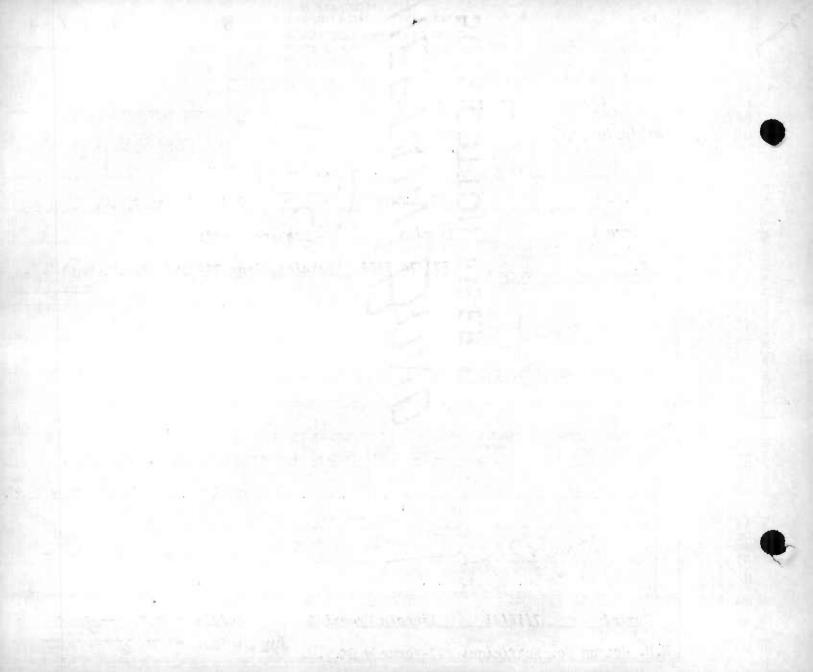
#		Items Par I- STATE Film#G561 REGISTRAR	t2,19a,20a.,21 11-3-81 ALDEPA	RATE OF MARYLAND RETHERT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	9 2 7 3
		1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
-Q	deoth deoth	ELLEN	T.	LEWIS	07 18	81 8:59P.M
HOP	, po	3 SEX	4 RACE	5 DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
9e 4	ector rs of	Female	White	Mar 10 1894	87 YRS	ONTHS DAYS HOURS MIN.
000	2274	7a. BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
eoth	A MESS	Massachusetts	USA	WIDOWED DIVORCED		MD.
ا	(新成)	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
o s oft	14 Va	Clinton S		land Hospital	Examiner	US Gov't.
YLAND 212 thin 24 hour	should be in sine it must be	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COUN PG	Hiller	FORE ADMISSION 13d INSIDE CITY LIMITS? CEST HOTES NO		kway #203
AR B	ond Sold	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
ZE, N	0	160 WAS DECEASED EVER IN U.S. AR	Hall		nknown 24 Main Street,	Upper
MOR	ond condico	(YES, NO OR UNKNOWN) (IF YES, GIVI	Unknov		man, Per. Rep.	
NLTIN	cion ers. F L fhe n		nly one couse per lung for (o), (b),		marry rer. nep.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours	by the ottending phy ose remove corbonpo il, cremotion, or remo- other troumotic even	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSECUTION OF TO OR AS A CO	won primon	1/c ₁	
, 20	n ple burio y, or	Trans & Ottien oldern ichter	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
RDS	The Tro B	¿ Comprovoso	ulan is 5mg	Ajeicy Cardia	ac	
AL RECO	ton. It permit preseprio	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		CH OPERATION W PERFORMED	YES NO YES	
- Z	ircote frons frons Hyg 18 sl	OR COLUMNIC TO CALLE OF OF			IRRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
NO.	riol- ento	OR CONTRIBUTING CAUSE OF DE	P.M. 7	13 181 Fell in Nu	arsing Home	
NG PHY	orrenau frer this os the bu th and M	WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	nton) 9211 Stev	vard lane Clint	
ATTENDI	CTOR: A for use of Heol	sow the deceased alive on above, (1) (we) (did) (did no	ital) attended the deceased from	Na fural (my) (our) opinio	n death occurred on the date and hour	and from the causes stated
AL OR	At DIRE letochec ote Dept	226. SIGNATURE	unari	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
HOSPIL	TO FUNERAL should be de with the Stot	22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS Southern	Clinton, M Md. Hospital St	
the		23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 2	NAME OF CEMETERY OF CREMATORY CEDAR Hill Cem.	Suitland, P.	G., Md.
	- 16 50M 7/77 R A 15 (4))	24 FUNERAL DIRECTOR Robt H		1308 Suitland 1591	LE REC'D. BY REGISTRANCE REGISTR	

Times Tolker Frank Approved provide the Sections Report And Inc.

6	1				OF MARYLAND				69
~	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE B REG. NO.	1 9	2.	14
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	ONTH DAY	YEAR 2	b HOUR
be the	1	CARR	IE.		LIFSEY	JU	4 10	1981	11 PM
OE PINE	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UND		F UNDER 24 HRS
- 00 FIVI	I	Temale	Black	Augi	ist 2, 1897	7 83	YRS.	DAYS	HOURS MIN
o a		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		EATH	
eoth 15		7irginia	USA	WIDOWE		Prince G	eorges		MD
P		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME		120 USUAL OCCUPATIO	N 12b	KINDOFE	BUSINESSOR
oy the soft	H	vattsville	Leland M		l Hospital	Housewif		N/A	
212	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION			- 12 2 3		
ND 24 24 Ould		ryland F		ge Parl	13d. INSIDE CITY LIMITS?	5013 Nava	hoe St	reet	
YLA tely 2 sh		ATHER'S NAME			15. MOTHER'S MAIDEN N	AME	ioc bc.		
MAR w ba	FI	red Williams	MIDDLE LAST	2-30.32	FIRST	UNKNOWN		LAST	
RE, ecute es l'all col	16a \	VAS DECEASED EVER IN U.S. AF		SECURITY NO.	17. INFORMANT		Chillun	n Cat	o Dd
MO Poge	No		VE WAR OR DATES) 228-	54-818	Moses Lif	Sev Host+	sville.	Mai	e Ru.
ALT.		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b			A HYDEL.			ATE INTERVAL SET AND DEATH
T., B phy npo movent	15		TE CAUSE (o) REN	ALFI	AILURE				DAYS
N S S Cer	100	2503	DUE TO, OR AS A CONS						
death death trend	10	Conditions, if ony, which	(DIA	BETIC	- NEPH	ROPATHY	1550	1 MG	NTH
PRe o emo	123	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS				Letter 1		
by by a cre		underlying couse lost.	DIA	BETER	MELLI'	TUS		251	EARS
res t res t phed purio y, or	188	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT		MINAL DISEASE OR CONDI	TION GIVEN IN	PART 1(a)	
RDS r significant	S S	ARTE	ERIDSCLER	DTIC	HEART J	DISEASE			
RECORDS, I low requir	CERTIFICATION	190 DATE OF OPERATION			N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDING	S USED
A he he	E					YES NO	YES [NO [
VIT. Thysicale rousing Hygels 18 sh	7 8	210 ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)	
IOF ICIA P P P P P P P P P P P P P P P P P P P	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	19					
SION PHYS India of Me d Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE FARM STC)	21f LOCATION STREET	CITY OR TOWN	4 CC	OUNTY	STATE
DIVISION OF VIT NG PHYSICIAN: ottending physic tfter this certificat os the buriol-trons th and Mental Hyg orked or ftem 18 si	2	AT WORK AT WORK	(A. TOME, STREET PRETOKT, OF	TICE, FARM, ETC ;					
NDIP I ar II		220.1 certify that (I) (this hash		om 7.	-01 1981		, 87 . 19_	, the	ot (I) (wood lost
TTE Spirto CTO of the of the control		saw the deceased alive or above, (1) (we) (did) (did)	7-10-	19 8 , ar	d that in (my) (n death accurred on the date	and hour and f	from the co	uses stated
OR A Political Ched Ched Dept.		226. SIGNATURE	0.6	, ,	DEGREE	/		2c. DATE SIC	GNED
AL DAL Deto orte Deto	1.5	Janual	In Dug	an M	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA		7-11.	.81
SPIT A by	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		228 ADDRESS				207/2
HOSPIT TO FUNE Should be with the St		SAMUEL VIN	V. DUGAR		14637 FA	STEEN AVE	MY-RA	INIEL	CMA
1005 F#3 8-		BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
SP	1	Burial	7-16-81	Antio	ch Church C	en. Greens	ville (Count	Cy, VA
DHMH-16 30M 2/80	24. F	UNERAL DIRECTOR		, ,		ATE REC'D. BY REGISTRAR			Battler
(VRA 15, 4)		NAME 4	1 3000	01/11	1.1/	UL & U 1301	0	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	PERSONAL PROPERTY.

1 1 18 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1	1/20/2017	"OANING
and the second of the second		
Andrew Committee Committee		
77 - DV7	JA C. FA LUVEE	
	HARVALLINE AND	
	NEED RELE	
2220	TOASH	Statevia and A
	10 - 12	
12.11.21	THE ON THE	Levent 901 Sec
of parameters and was		
		Visit Control

2		- S1	OR TATE EGISTRAR				STA IMENT OF EXAMIN	HEALTH		NTAL H	U		REG.	NO.	9	2	7	5
			ASED NAME	FIRST		WIDDLE			LAST		2	o. DATE	KNOWN	[X] M	ОНТН	DAY	YEAR	26. HOUR
	FT 8.55. P. C.	(IIII)	JR PRINT)	TYRO	NE			LIC	GINS			OF DEATH	ESTI- MATED		7	12	19 81	
	ESSARY, PLEASE FRANCINECTOR. PLYOUR FILES. THIN 7 HOURS RETO! STREET,	3. SEX		4 RACE		AY YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONT		HOURS		RONOU	NCED	MC	DNTH 7	12	YEAR 10 81	24 HOUR 5:01
	S S S S S S S S S S S S S S S S S S S	ma 7a BIRT	THPLACE (STA	negro	7b. CITIZEN OF	8/ 54 WHAT COLL		RS.				DEAL	MORE CIT	YORC	OUNT		17	ам
	A CAREER OF THE PARTY OF THE PA	Was	igh country, hingto	n,D.C.		USA	INIK!!	MARR	VED NEVE	ER MARRIE DIVORCE	ED K		nce G	_			unty	MD.
	TO STEELS		everly	OF DEATH	11. NAME OF INCOME. Prince	CH FACILITY, GIVE	STREET ADDRESS)	. Hos			120 USUA FOR MO	OST OF WO	JPATION PRKING LIFE)	(TYPE OF \	WORK		ID OF BU	
21201	ANY DEI	USUAL 130 STA		IF IN NURSING HOME O	OR OTHER INSTITUTIO	N, GIVE RESIDENC	E BEFORE ADMISSING OR TOWN	ON)	13d. INSIDE CITY		13e. STREI	ET ADDR	ess Str	00+	11 11	1		
WD.	2.2.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7		HER'S NAME			1			15. MOTHER	R'S MAIDER				eer,	M. B			
, A	DEATH.	100	Emanue	el	MIDDLE	Lio	gins		FIR	rnice	P.	tts	MIDDLE			Ł	AST	
MOM	N N N N N N N N N N N N N N N N N N N	16a. W.A		EVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17. INFORMA	ANT	s ou	1115	ADDRI	ESS				
ALTI	AFIR AFIR SION SION SION SION SION SION SION SION		lo.	(IF YES, GIVE	WAR OR DATES)	570	9 76 78	34	Berni	co Ni	YOU	701	3 nd (2+ M	fel	_Wa	ch D	C
PRESTON ST., BALTIMORE,	HOURS M 18. G MG WIT RMIT. P. RNE, DIV		8 CAUSE OF	DEATH (Enter on	ly ane cause per		o), and (c).)									APE	PROXIMATE	INTERVAL AND DEATH
20	TEM HEM TONG PER PER VAL.		014		TE CAUSE (a)		tiple NSEQUENCE		ies					-		-		
REST	HIN INSIT EMO	7		s, if any, which		OR AS A CO	NSEQUENCE	OF										
W. W	WIT WINE NIA			e to immediate stating the <u>under-</u>		OR AS A CO	NSEQUENCE	OF.						-	-	-		
201	UTED IN P EXA EXA ON,		lying caus		(c)													
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELIVY IS SIND "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3-FOLTHEI IN IFFE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGES IS DEATH AND 25 HOULD BETTLE OF HOULD BETTLE OF HOULD BETTLE OF HOULD HAND MENIAL HEADWALL. PROVINCIAL PROVINCIAL OF HEADWALL OF HEADWALL. PROVINCIAL PROVINCIAL OF HEADWALL OF HEADWALL. PROVAL.		PART 2 OTNER SIG	HIFICANT CONDITIONS		ATN BUT NOT REL	ATEO TO THE TERM	IINAL OISEAS	E OR CONDITION (GIVEN IN PART	Thou					-		
TAL RE	SHOULD ORD "PEI CHIEF M E USED A T OF HEA URIAL, O	CERTIFICATION	190. DATE OF	OPERATION	196 CO	NDITION FOR	WHICH OPER	ATION W	AS PERFORM	NED?							UTOPSY?	
7	PEN		I EXTERNAL	L CAUSE WAS	216 TIM	E OF INJURY		71c H	OW INJURY C	CCHBBED) IENTER NA	ATURE OF IN	HUDY IN ITEM	19 2491	OPPAR		ES X X	NO 🗌
0 2	CERTIFICATE WITING THE WDED TO THE WDED TO THE WDED TO THE PEPARTMEN TO PRIOR TO E		UNDERLYING	OR IG CAUSE OF I		A.M. MONTH		3	edestri								_	
/ISIO	ERTIF ING SSHC PRIC	Š Z	Id. INJURY O		21e PLA	CE OF INJUR	Y (AT HOME.	211 LO	CATION	I all 3	HUCK			- Ca I				
5	WRIT WARDI WARDI PAGE TATE D	2	WHILE AT WORK	NOT WHILE	v I	FACTORY, FARM,	ETC.)	R+	4 e	of Do	onnel	I Dr		Prin	COU		rge !	s Md.
	R: TH			y that I taak charg			ave held an	Autap	10	Inspection		Inquiry		and in			r go	3 110.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		death resulte		ral causes .	Accident	[V]	icide	, Hamicid			rmined m],	my op.			
	MAR. WAR		ACTUAL	Mus	21	>			TITLE (SPE	ECIFY)	+				ATE	7	-12-	0.1
7	SHO SHO	1	IGNATURE 7	1100	1	00		M	.D. ASSI	istan	MEDIC	CALEXAA	MINER		IGNE		-12-	01
	MED WED	E	XAMINER'S N	Ann	M. Dixo	on, M.D).		ADDRESS	111	Penn	St.						
	PAT PAT —	23 o . B U F		ION, REMOVAL 2	36 DATE	23c.	NAME OF CE	METERY O		RY	23d. LOC	ATION			COUN	TY	61	ATE
	BP		Burial		7/16/81	1	incoln	Memo	rial		Sui	tean	id P	G.	11.	. 0		
6	DHMH - 17	- 1	VERAL DIRECT			RESS			25	O. DATE RI	SOL BY F	REGISTRA	AR ZHERE	GIST	IRIS SI	GMA	RE Clan	
tch	(VR A 15 ME (5)) 15M 2/80	R.I	V. Hora	ton Co. 1	Morticia	ns 600	-Kenne	dy Sa	N.W.	AAL	20	1001		1	18			



07 23 31 1:45	GYOLL	T9380	Я
17	6737 . 6736	stems C.	#E#11
PRINCE SECREE'S COUNTY		.0.0.0	n kareno
no funtani i dalmidaen	JATT9201 LASSIES	PRINCE GEORGETS	CHEVERLY
THIS Desilore Nond	Y dan	פרנוזספוו (ספר. הונותם	
			" car'a
in a most that the track that .	AMED Present Llaye		'ee'

51	1	FOR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE A	9277
X		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
, ,		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 11	1	THOM	AS. B.	LOCKMOOD	07-	-21-81 2:50PM
(1941)	1	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		H	8	JUNE 28, 1929	52 YRS	s.
4 22 4	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUN	
deo find	0	N.C.	LI.S.A.	RSING HOME OR OTHER INSTITUTION	PRINCE GEO	TVID.
by the filed with	4	CHEYERLY	PRINCE GEORE	GE S GENERAL HOS	TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY TRUCKING
24 hour	5	SUAL RESIDENCE (IF NUMBING HOME a. STATE 136. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR 1		13e. STREET ADDRESS 7746 GREYMO	NT ST.
4 45	14	FATHER'S NAME		15 MOTHER'S MAIDEN N		MI DI
P 47 /	2	LEROY	LOCKWICOD LAST	SR. GENEVA	WIDDIE	DAUIS LAST
8- 8-	200	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		ADDRESS	714413
and pool		YES NO OR UNKNOWN) (IF YES,	11 - HAR 53 245-4	1-4585 CUZIE LOCKW	100) - SAME AS +	13 ABOVE
the period	1		anly ane cause per line far (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the pay			SED BY: ATE CAUSE (a) CONGEST	IVE HEART FAILURE		
ding or to		5/6/	DUE TO, OR AS A CONSE	OUENCE OF		
ove chor.	- 1	Canditians, if any, which	((b) PNEUMON	IA DUE TO SEPSIS		
by the discrete di.cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	AA E. COli Sep	sis	Zweek
Then ple Then ple to burn njury, o			CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)
100		190 DATE OF OPERATION 1888 210, ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
to the second		7 881	ascer	101W6 Cholawcis	YES NO NO	YES NO
Ayan House Hygy Head		OR CONTRIBUTION CALICE OF		DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
De control		(IF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.	19		
P # P P P		21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
the orke		AT WORK			1 1121	81
The die		220 1 certify that (1) (this has	spital) attended the deceased from	~ 1 ' /	n death accurred an the date and h	
SECTION OF	-1	acave, (I) (we (did) (did	nat) view the bady after death.	DEGREE DEGREE	n deam accorred an me date and t	27c. DATE SIGNED
T Det		178	1.V/1./1/1/11	AM MALL ATTENDING	MEDICAL STAFF	1 7/22/8/
By BERA	+	d. PEYSICIAN'S NAME (TYP	E OR PRINT)	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	1100
rouned by TO FUNER Thould be a ment the St MPORTAN	1	KICHA		A M.P. 766H	+. CHEUC	114 MD-
00	2	(SPECIFY)		23c. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY_ STATE
SP	-	FUNDEDAL DIRECTOR	7-25-81	HARMONY MEN. PAR		IK PG HO.
16 30M 2/80 RA 15, 4)		FUNERAL DIRECTOR	ADDR	BURNEYERS AUE. N. E	ALL D. ZY HG BURAR 256. BEG	Brones against a Clan
TRA 13, 4)		4. S. WASHINGTON	4+ SONS 4925 1	BURMUEHS AUE, N.C		

CONGESTIVE HEART FAILURE
PHEUMONIA DUE TO SEPSIS

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-MARVIN (LONELY) LONEY SEX 4. RACE 5. DATE OF BIRTH A. AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS O FIDUR 2c. DATE DAY YEAR LAST BIRTHDAY PRONOUNCED male black 3 51 30 YPS DEAD 7-11-8119 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's County MD USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION ITYPE OF WORK 126, KIND OF BUSINESS Laurel Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Laurel SUAL RESIDENCE HE IN NORSING 3a. ST MD IL COUNTY 1382 Pentwood Rd. Ball imbre T3d. INSIDE CITY LIMITS? YES X 14. FATHER'S NAME TS. MOTHER'S MAIDEN NAME MIDDLE Hamlin Harold Margaret Loney 60 WAS DECEASED EVER IN U.S. ARMED FORCES? T. PAGES 1 DIVISION O 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS 219-52-7009 Isabelle Loney 1382 Pentwood Rd. No CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION NE WRITING THE WORD "PEI WARDED TO THE CHIEF M FINE CE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA D 21 201 PRIQR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? SHO. S THE CHI YES KI NO [PRESTADURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 15 100 PM ONIT DAYS TEAR subject was swimming in pool UNDERLYING MEDICAL 218 PLACE OF INJURY (AT HOME. H. LOCATION TOO TORY, FARM, ETC.) 631 Gross Street CHY Beltsville, CMaryland AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Hamicide Undetermined manner ACTUAL DEATH. Assistant FUNERAL DATE 7-13-81 SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME AFTER I Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 40 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 7/17/81 Baltimore Cem. Baltimore MD 24. FUNERAL DIRECTOR $\widetilde{\mathrm{Wm}}$. C. March F/H $^{^{\text{ADDMESS}}}$ 101 E. North Ave. RA15 ME (5)

1 11 1 t a second page 1. Store The Consection as the first make FIGURES S VILL COMBINS LO E3-41 ... K ... K

1.	FOR		D	ST. EPARTMENT OF		MARYLAN H AND ME		GIENE		o	9 7	9
1	- STATE REGISTRAR			ICAL EXAMI				()	REG. NO		line	-
	DECEASED NAME TYPE OR PRINT)	FIRST		WIDDLE		LAST		70. DATE OF	KNOWN X	MONTH	DAY YEA	2b HOUR
3. 9	SEX 4. RA	Gerald	TE OF BIRTH	Leroy IA AGE (IN	YEARS TIF U	Long	IF UNDER 2		MATED	MONTH	15 T9 8	
	Male Whi	MOM	Dec 17		DAY) MON		HOURS	MIN: PRONOUN DEAD	1CED	7	15 198	8:55
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		USA		8	RIED NEV	ER MARRIE DIVORCEI		-		's Cour	
	Cheverly	110	AME OF HOSP	ITAL, NURSING HOA	AE, OR OT	HER INSTITUT	ION	120 USUAL OCCUI	PATION (TYPE		12b. KIND OF	
130	UAL RESIDENCE (IF IN N STATE Aryland		R INSTITUTION, GIVE		SION)	13d. INSIDE CIT		13a STREET ADDRE	SS	4411		
	FATHER'S NAME				.10	15 MOTHER	'S MAIDEN	NAME		11444		
	Lawrence	Cus	hwa	Long		FIR	azel	M	cille		Litte	n
160	NAS DECEASED EVEL IYES, NO, OR UNKNOWN)	R IN U.S. ARMED FO		166. SOCIAL SECUR	ITY NO.	17. INFORM.			ADDRESS			
7		immediate g the <u>under-</u>	(c)	IS A CONSEQUENCI	La.	SE OR CONDITION	GIVEN IN PART	§ (a);				
MOITE CATION	190. DATE OF OPER	ATION	196. CONDITE	ON FOR WHICH OP	RATION V	WAS PERFORM	NED?				20 AUTOP	
			216 TIME OF 1 HOUR A.M. 7:07	MONTH DAY YE.	AR			(ENTER NATURE OF IN)			RT 2)	
AAEDIC AL		RRED T WHILE 🖄 WORK	21e PLACE OI STREET, FACTO	PRY, FARM, ETC.)		STREET BIK.	Cher	ry HIII	Rd, Be	1tsv	ille, F	G., ME
	270. I certify that death resulted from ACTUAL SIGNATURE		100	Accident X	Autoj Suicide	Posy X, Homicia TITLE (SP	EC(EY)	Undetermined mo	onner .	d in my op	7/15/	/81
2 230	EXAMINER'S NAME (TYPE OR PRINT)	Thor	mas D.	Smith, M.).	_ADDRESS		Penn St.		0., 1		15.
230	BURIAL, CREMATION,	REMOVAL 236 DA		23c. NAME OF C				23d LOCATION CITY OF TOWN		cour	NTY	STATE
24	Cremation FUNERAL DIRECTOR	Jul	y 16,19	981 Smiths	burg			Smiths)			and W	ash.
)	Osborne Fu	neral Hom	e. Will	liamsport.	Md.		JU	L 2 3 198	Man	me 9	an Mis	Clan

11760 Unerty Hill Bd. effication egroed comité busines

Cranacion July 16,1931 Saltisburg Grouptoring Citendury, oxyland sash.

		ener our .		
	Appell englis			
	.76	Interest a till the		
	m.h10df			
•	-105	- PROM-ATZERIO	Complete P	
ersia i				

STEVE S LUMBLEY 07-11-81 2:10AM Affaire 255cm Laminory 21, 1970 73 2639 247462 37129 PATHENT CARE NURSING CENTER - AUGCTELOTED | 188 | OVE no leighte. 301 A E 2371 A Florence Lundol de cama an album

TILL BERGEMAN, M.D.

CENTER WAY PROF. SLOG. GREENRELT, MD.

remailion duly 13,1991 testoles non, Park (Lotonsville Strikend Donaldson Purers) total door Purers total, Donalson and Strikens and Strikens

0 3						SIAI	E OF MARYLAND			42
X B	1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG	REG. NO.	1 9 2	8 2
	1. DE	CEASED NAME	FIRST		MIDDLE		AST .	20. DATE OF DEATH MON	ITH DAY YEAR	2b HOUR
y be oge 3 deoth		17-4199 9O 3	von		J.	Mais	onneuve	July	30, 198	10000
e 4 mo ctor, po s offer o	3. SE	3. SEX Male		White 5:		STDATE C	DF BIRTH DAY 1934 YEAR	6 AGE (IN YEARS LAST BIRTHDAY	YRS	
O Tan	-	70. BIRTHPLACE (STATE OR FOREIGN NEW YORK		Ua alka		2Y? 8	D NEVER MARRIED	Prince George's		
	2	10 CITY OR TOWN OF DEATH Riverdale		11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) Leland Memorial Hos		SING HOME C	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carpenter 12b KIND OF BUSINESS OR INDUSTRY Construction		
D 2120	-USU	AL RESIDENCE (IF NURS	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. SUSSI 3DDRESS 5313 River		
LANE She that		aryland	Prin	ce Geo.	Riverda	le	YES 🗶 NO	3313 Kiver	dale Moad	Apt 332
PRESTON ST., BALTIMORE, MARYLAND 21201 he death certificate be executed within all hauns he otherding physician and campletely filled in in- motion, ar remayol. r troumatic event, the medical examines must be no	14 F.	Bruno		Maison	neuve		15. MOTHER'S MAIDEN NA. Laurette	ME	Longtin	LAST
RE, Col		WAS DECEASED EVER		RMED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
IMORE In and c Pages	1	YES. NOR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	577 02	0429	Laurette Ma	isonneuve Sa	me as #13	(Mother)
, BALTI physician papers. naval.		18 CAUSE OF DEAT	H (Enter or	nly one couse pe	line for Ob	fand ic			APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
T., 8 tifica phy: npol		PART I. DEATH W	AS CAUSE	D BY:	Hol	VIN	re Carca	1 roman	2/	
ON S or re- orice		1490 IMMEDIATE CAUSE (8)								
STO eath then an, i		Conditions, if any, which (b)								
PR PE D PR PE		gove rise to imi	mediate	(b)_			- Dell	10	5/11/	
		underlying cause last DUE TO, OR AS A CONSEQUENCE OF								
201 sed bed plea priol,		(c)								
RDS,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN. The low requires that to other day physician. After this certificate has been signed by it as the buriol-transit permit. Then please in thood Mental Hygiene prior to burial, creationed or them 18 shows any injury, or other orked or them 18 shows any injury, or other according to the property or other according to the property or other according to the property of	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20b	LIF YES, WERE FIN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH?
A OF VITAL SICIAN: The ng physicio certificate h riol-tronsit i ental Hygie frem 18 sho	E L	210 ACCIDENT WAS UN	-			DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART I OR PART	2)
ON OF HYSICIA ding ph ding ph is certifi buriol-tr Mental or frem 1	¥	OR CONTRIBUTING		ALIF	.M. MONTH	DAY YEAR				
PHYSI this ce buring Americal Americal Americal Americal Americal American Structures and American Str	MEDICAL	21d INJURY OCCUR	RRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		OF INJURY	211 LOCATION		CITY OR TOWN COUNTY STATE		
DIVISION DING PH or otten or otten the ost the lotten of the one of the of otten of the of the of the of the otten of the	Z	AT WORS AT WO			CE, FARM, ETC.)	STREET				
DINC or o or o or o or o or o or o or o		Proceedings of the last of the		and ottendad	a decamed by	7/	24 10 81	1 7/30	10 87	that (I) (wa) last
TTEN prital TOR for us		The Learning that (I) (the bosonial intended to desired from 19 to								
AT A	100									
Della Per H	ATTENDING MEDICAL STAFF								Baler	
HOSPITAL ined by the FUNERAL I wild be deto with the State I will be with the Sta	-	PHYSICIAN DIRECTOR PHYSICIAN								20/8/
O HOSPITA O HOSPITA TO FUNERA should be de		PHYSICIAN SN	AME (TYPE	OR PRINT)	1/2/-	/ .	220 ADDRESS GOL	[Green	belt 1	3 61-1
TO HOSF retained TO FUN should b with the		THUNON	210	PU	as Jel	UTIN	COSTRAL	PIPH	1111 -	20140
650BP		BURIAL, CREMATION,	REMOVAL	23b. DATE 8/3/8		t. Lin	emetery or crematory coln Cemetery	Brentwood	P&Gviv	Maryland
DHMH - 16 50M 1/81	24	ead Stanky	ch's	Sons Fu	neral Ho	ome, P.	A. AUN	E PEC'D. BY PEGISTRAR	REGISTE P'S SIGN	ATURE
(VRA 15, 4)		Hvattsvil		Marvlan	ADDRES	5	1984	4 1301 474	ne general	A STATE OF THE STA
tch										

~

		Mar , t v	es estav	ple
		y	M/10	Trov of
nollowether tion	no meet co			
SHE SHE DOO	a a faligout tra		Oringo Coo. Pivordele	Been freenik
pil	sno.T	Laurenten	Paisonpovyo	ommi
il Gother	HA CHI C CVUOLING	o half of hoggs	eran on 778	0.7
X				
	9/		7 30	
		No. of the last	BOGGE THE	3.3
bnalvedt .	T.H. Boograph	יברוזון ויחרוון מוייר	12\T\s	1 ; ř ·s :) *
to C.	Br. 1841) 9UA	men's cos Funeral Come, W	

a	20	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 9 2 8 3								
1		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO								
	- 1		CEASED NAME FIRST OR PRINT)	WIGDTE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
the 3			Paul		Mandolia	7 31 1981 2:45 M				
Man of	1	3 SE	(4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 74 HRS				
1 00	1		M.	W.	11 25 189°	85 YRS.				
	97	7a. Bl	RTHPLACE (STATE OR FOREIGN DUNTRY) Italy	U.S.A.	? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED					
offer d	170		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) JURSING HOME					
ted within 24 hours implemely filled in by ond 2 sheefd be fill	到了	USU. 13a S	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE DC Washington 13d INSIDE CITY LIMITS? 130 STREET ADDRESS 130 STREET ADDR							
abo 2 sh	1	14. FA	THER'S NAME		IS MOTHER'S MAIDE	N NAME				
in the	201		Joseph	- Mandoli	.a Giovann	ina. — Mend•lia				
SALLIMORE,	2 medical	16a. V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 166 SOCIAL SEC 578-46	Rev.					
Uses that the death cert juries that the death cert signed by the attending ten please remove corbor to burial, or rela-	ijury, ar ather traumatic e	Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (b)							
DIVISION OF VITAL RECORDS, OF PHYSICIAN: The law requir The certificate has been significant permit. Then The min Mental Hygiene prior to be	Sws ony in	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO S							
I OF VITA ICIAN: T g physici ertificate oral-transi	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
IVISION OPTYS OPTYS OPTYS OPTYS	riked or I	MEDICAL	21d INJURY OCCURRED AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN COUNTY STATE				
OR ATTENDITION OF PROPERTY AND PRECIOR A public for user. Dept. of Health	If hom 21 is ma		22a.1 certify that (I) (this haspital) attended the deceased from 19 1, to 19 1, to 19 1, that (I) (we) last saw the deceased alive an 19 1, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above. (I) (we) idid) (did not) view the body after death DEGREE 22c DATE SIGNED							
HOSPITAL Toined by the O FLINERAL Hould be detected	PORTANT	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINTIPE RELLEGIE	PHYSICIA 270 ADDRESS					
25 253	3	23a E	URIAL, CREMATION, REMOVA	23b DATE 23c	NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION COUNTY STATE				
BP	_		Burial		ort Lincoln Cemet	tery Colmar Manor, Maryland				
DHMH - 16 50M 1/	76	24 FL	INERAL DIRECTOR		E Wash Desonos	DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE				

cally and a cally and a cally and a The second of the second of the second AND THE RESERVENCES AND THE RESERVENCES AND THE PARTY OF 1 2 7 - 2 7 C 147 . Later 30 12 28 14 15 170 2 2 Article constraint sevent closues and 1801, E. m. Intro. J. and so's wors Jo.Scientis ex., It, ass., it, is so Jones e'es and it



Minus I was the min Some to a grant the proceeding the same Manager Committee of the Committee of th and the state of the south the south TAC-1/1 TO THE RESERVE OF THE PARTY OF THE P S OF MINES CO. HOVERLLI.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 24 81 Harriet Maniatakis 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAY YEAR 03 78* 9 Caucasian Female. TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York Prince Georges DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 3804 Idle Court Cafeteria Worker Retired 13e STREET ADDRESS 3804 Idle Court Prince G Mary land Bowie 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown Clara George Chambers 160 WAS DECEASED EVER IN U.S. ARMED FORCES Jean Wallin Same as #13 No 18 CAUSE OF DEATH Enter only one couse per line for a , b , and PART L DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCUETOTIC CARDIOVASCOLAR DISEASE Conditions, if any, which gove rise to immediate cause to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER P.M 19 MEDIC/ 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 22a I certify that (I) (this hospital attended the deceased from. saw the deceased olive on Jucy , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) |wei (did (did nat) view the oady ofter death 278 DENATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYM OF VE 22e ADDRESS the the ORT 3231 Superior Lane., Bowie, MD. Rohrer. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL STATE Pinelawn Mem. Pinelawn Cem Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 16,000 Annapolis Rd. Bowie, Md. (VRA 15 (4))

13 Prince Georges .4.2.0 7,14, 143, 3800 lele Court Cafeteri Morker Retined Chambers Clare 301093 129-16-9306 Jean Wallin Same -s 13 (35 4) SHI. J. W. (1944.) Baril - 2-27-81 Pinel who Mem Gem Pinel who Sufficely Seall Funeral Home For

le	1.	FOR • STATE		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8	1	9 2	8 6
		REGISTRAR				ICATE OF DEATH	REG. N			In more
. Df		CEASED NAME FIRE OR PRINT) JOSE	anh (N	M.I.)		AST			DAY YEAR	26 HOUR
9 % p	3. SE		4. RACE	(Prior)	Mar 5. DATE C		6. AGE (IN YEARS LAST BIR	Ly 10,	T901	1:11A.M
1 /6	3 35	Male	Whi	+0	MONTH		94	٨	MONTHS DAYS	HOURS MIN.
- Boo	7a B	IRTHPLACE (STATE OR FOREK		OF WHAT COUN	VTRY? 8.		9 BALTIMORE CITY C	PR COUNTY	OF DEATH	
d b		caly	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	Prince Geo			WU
p i	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, N	IURSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			OF BUSINESS OR
10 to 10 10 10 10 10 10 10 10 10 10 10 10 10		iverdale	Lelan	d Memor	ial Hosp	ital	Merchandis			ars
hour 1212	USU 13a.	AL RESIDENCE (IF NURSING H	OUNTY	ON, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			- 4-143
eassed ed within 24 ed within 24 ond 2 though	Ma	ryland	P.G.	Hyatt	tsville	YES 🗷 NO 🗌	5842 James	stown	Road	
Se Se Muthum With day	14. F	ATHER'S NAME FIRST	MIDDLE	LAS	ST	15. MOTHER'S MAIDEN N	AME		L/	AST
0 - /		wrence	LE ABUED FORCE	Man	IN L SECURITY NO.	Michelina	ADDR	FSC 1.3.3	Ange ress S	
& Rel te be execu- te be execu- te be execu- to be ex- to ex- ex- to ex- to ex- ex- ex- ex- ex- ex- ex- ex- ex- ex-			YES, GIVE WAR OR DATES			34	ADDR	25 0144	13e.	ame as
MLTIM e be e b	No)3-4868A	Mary Mann		NO#		XIMATE INTERVAL
d sincote		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	Cardiac	(b), ond (c).)	secondary to	arrhythmia		Sud	
S e tie de la	18	41995	AEDIATE CAUSE (0),							
Iotifi Iotifi he death of emove cort motion, or r troumotic		Conditions, if ony, wh	DUE TO	Congest	stouthce of tive hear	t failure			Two	months
Vot No the of he of most		gove rise to immedi- couse (o), stoting	ote	OR AS A CQN	SEQUENCE OF	BILLIE MELL	HE STORY	300		
hot hot by tose of, cre		underlying couse le	ost.	Arterio	scleroti	lc cardiovasc	ular disease	2	Unk	nown
Examiner e low requires the nos been signed to permit Then pleo one prior to buriol, was ony injury, or or	7	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITIONGIV	EN IN PART 1	(0)
Examin Examin The low requir- tion. The low requir- tion. The low requir- tion. The low requir- tion.	CERTIFICATION	190. DATE OF OPERATION	I I I CO	IDITION FOR I	VILLOU OBERATIO	N WAS PERFORMED	20a AUTOPSY?	Tank IE VES	, WERE FIND	INICS LISED
EX3	FICA	190. DATE OF OPERATION	190. CO	NUITION FOR W	VAICA OPERATIO	IN WAS PERFORMED	- 12-	IN CERTIF	YING CAUSE	S OF DEATH?
4 His a to 6	ERT	210. ACCIDENT WAS UNDERLY	ING 21b. TIM	E OF INJURY		216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		S ART 1 OR PART 2)	NO []
Ca.] Clan. Clan. Phys Phys Phys raffico roll (1) Clan. Phys Phys raffico roll (1) Clan. Phys Phys Ref (1) Phys Phys Ref (1) Phys Ref (1) Phys Ref (1) Phys Phys Phys Phys Phys Phys Phys Phys	ICAL C	OR CONTRIBUTING CAUS	E OF DEATH HOUR	A.M. MONTI						
Medical Medical one physicians of the puriof-trong the ond mental by orked or frem 18 s	DIC	214 INJURY OCCURRED	21e. PLA	P.M. CE OF INJURY	19	211. LOCATION	CITY OR TO		COUNTY	STATE
Me Me C Pt C Pt c the c th c the c ond c wed c	MEDI	WHILE AT WORK	(AT HOME	STREET, FACTORY, C		STREET	CITA ON IC)WN	COUNIT	STATE
D or or see of the more more and the more an	10	22a. I certify that (I) (this		the deceased	from	. 19	7 Prese			, that (I) (we) lost
TTEN Putol Porto of H 21 is		sow the deceased o obove, (4-(we) (did))			Medical	nd that in (my) (our) opinio L Examiner no	n death occurred on the d	ote and hou	r ond from the	e couses stoted
OR A DIREC Dept.		226. SIGNATURE	1)11		/	DEGREE			22c. DA1	ESIGNED
7 + 7 + 5 E		Ce	1 - 1	our	und		MEDICAL STA	CIAN	7-1	0-81
HOSPITAL ned by if FUNERAL JID be det if the Store ORTANT:		22d PHYSICIAN'S NAME				22e ADDRESS				
O HOSPITA efoined by TO FUNER should be d with the Sto			Houmann, 1	1. D.			bury Road,	Kiverd	ale, M	d. 20737
6000	230.	BURIAL, CREMATION, REM		4	25/05/07/06	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
2 RP	1100	Burial	1 7/13	/81	I Ft. Lin	ncoln Cemeter	rv Brentwoo	0	P.G.	Maryland
Lh	24 5	UNERAL DIRECTOR			1 100 1/12		ATE REC'D. BY REGISTRAF			TURE

THE T. INT. rowall .our season monoy of the forther to the common of the Han thus There are Services we seem aloosis to be to be

Had be addingnown a W. W. wood at the co. . ?

L		
3		

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	

THPLACE (STATEORF LATE OF TOWN OF DEA THE STATE OF THE STATE AS DECEASED EVER S NO UNKNOWN) 18 CAUSE OF DEATH PART I DEATH W	USA TH 11. NAME OF PRINCE PRINCE ING HOME OR OTHER INSTITUTION MIDDLE CHOWN IN U.S. ARMED FORCES? INFYES, GIVE WAR OR DATES! IN YES, GIVE WAR OR DATES! IN MEDIATE CAUSE (0)	F WHAT COUNTRY HOSPITAL, NURSI GEORGE SE N GIVE RESIDENCE BEFO 132 CITY OR TOV LANHAM 1451 166. SOCIAL SEC 578-46-1	Marcel 5. DATE (DEC 2. 8 MARRIE WIDOW! ING HOME (ET GEN 1 ORE ADMISSION) WN CURITY NO. 1514	OF BIRTH 12 DAY 1885 AR DIVORCED DIVORCED OR OTHER INSTITUTION HOSP 13d INSIDE CITY LIMIT YES NO [] 15. MOTHER'S MAIDEN FIRST	20 DATE OF DI July 6. AGE (IN YEAR 95 9 BALTIMORE P 120 USUAL OC (IVERTIMORE WORK FOR STREET AD 6706	Prince Ge CUPATION PRINCE OF WORKING PRINCE OF WORKING PRINCE PRI	B UNDER LYEAR MONTHS DAYS S. NTY OF DEATH eorge's GUELLINGUSTRY Self dge Dr: 8 Longri anham, 1	MOOF BUSINESS O Emp
THPLACE (STATEORF) TAILY YOR TOWN OF DEA THE CALLED THE TOWN OF DEA TOWN	4. RACE Whi OREIGN 76 CITIZEN O USA TH 11. NAME OI Prince NG HOME OR OTHER INSTITUTIO 136 COUNTY Prince Geo MIDDLE TOWN IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES! H 'Enfei only one cause p AS CAUSED BY IMMEDIATE CAUSE (0)	F WHAT COUNTRY HOSPITAL, NURSI GEORGE SE N GIVE RESIDENCE BEFO 132 CITY OR TOV LANHAM 1451 166. SOCIAL SEC 578-46-1	5. DATE OF MARRIE WIDOWN ING HOME OF CHET CHET THE ADMISSION) WIN 1514	OF BIRTH 12, DAY 1885AR D NEVER MARRIED ED STORE OF DIVORCED OR OTHER INSTITUTION HOSP 13d. INSIDE CITY LIMIT YES NO [] 15. MOTHER'S MAIDEN FIRST 17. INFORMANT Frank Mar	9. BALTIMORE P 170 USUALOC (TYPHORMS S? 130 STREET AD 6706 N NAME Unknown	YRS CITY OR COUN Prince Ge CUPATION PRINCE OF WORKING DERESS Longri MIDDLE ADDRESS 6706	B UNDER LYEAR MONTHS DAYS S. NTY OF DEATH eorge's GUELLINGUSTRY Self dge Dr: 8 Longri anham, 1	of BUSINESS O Emp Lve
THPLACE (STATE OR P THPLACE OR P THPLACE OR P THPLACE (STATE OR P THPLACE OR P THPLACE OR P THPLACE (STATE OR P THPLACE OR P	Whi OREIGN 76 CITIZEN O USA TH 11. NAME OF Prince 1136 COUNTY Prince Geo MIDDLE CHOWN IN U.S. ARMED FORCES? IF YES. GIVE WAR OR DATES! I Enter only one cause p AS CAUSED BY IMMEDIATE CAUSE (0)	HOSPITAL, NURSI CHOSPITAL, NURSI CHOSPETS N. GIVE RESIDENCE BEFO 132 CITY OR TOVE TANHAM LAST 166. SOCIAL SEC. 578-46-1	MARRIE WIDOWI ING HOME CET CRESS 1 ORE ADMISSION) WN	E 12, DAY 1885AR ED NEVER MARRIED ED STORE OF THE PROPERTY O	95 P BALTIMORE P 170 USUAL OCCUTS HOSEME S? 130 STREET AD 6706 N NAME Unknown	Prince Ge CUPATION PRINCE OF WORKING PRINCE OF WORKING PRINCE PRI	MONTHS DATS S. NIY OF DEATH eorge's GUELLINGUSTRY Self dge Dr: 8 Longri anham, 1	MOOF BUSINESS O Emp
L RESIDENCE (IF NURS) ATE TYLAND HER'S NAME FIRST AS DECEASED EVER S. NO UNKNOWN) 18 CAUSE OF DEATH PART I DEATH W	USA TH 11. NAME OF PRINCE PRINCE ING HOME OR OTHER INSTITUTION MIDDLE CHOWN IN U.S. ARMED FORCES? INFYES, GIVE WAR OR DATES! IN YES, GIVE WAR OR DATES! IN MEDIATE CAUSE (0)	George S N GIVE RESIDENCE BEFO 132 CITY OR TO S Lanham LAST 16b. SOCIAL SEC 578-46-1	MARRIE WIDOW ING HOME (CET GET ADMISSION) WN	DIVORCED OR OTHER INSTITUTION Hosp 13d INSIDE CITY LIMIT YES NO 15. MOTHER'S MAIDEN FIRST 17. INFORMANT Frank Mar	120 USUAL OCITIS PROPERTY AND STREET AD 6706 N NAME Unknown	CUPATION COMMONTOR WORKING COMPATION COMMONTOR WORKING COMPATION C	dge Driver & Longrianham,	Emp ive idge Dr.
L RESIDENCE (IF NURSIATE TYLAND HER'S NAME FIRST Unl AS DECEASED EVER S NO UNKNOWN) 18 CAUSE OF DEATH PART I DEATH W	Prince Geo INDUSTRIANCE INDUSTRIANCE MIDDLE CHOWN IN U.S. ARMED FORCES? JIF YES. GIVE WAR OR DATES! ILENTER Only one cause p. AS CAUSED BY IMMEDIATE CAUSE (0)	George S N GIVE RESIDENCE BEFOO 13C CITY OR TOV S Lanham LAST 16b. SOCIAL SEC 578-46-1	TOPRESS 1 ORE ADMISSION) OURITY NO. 1514	Hosp 13d INSIDE CITY LIMIT YES NO 1 15. MOTHER'S MAIDEN FIRST 17. INFORMANT Frank Mar	S? 13e STREET AD 6706 N NAME Unknown	DRESS Longri	dge Dri	Emp ive
HER'S NAME FREST UNI AS DECEASED EVER S NO UNKNOWN) 18 CAUSE OF DEATH PART I DEATH W	MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIN U.S. ARMED FORCES? IN YES. GIVE WAR OR DATES] MI Enter only one cause properties of the course properties of the cour	LAST 16b. SOCIAL SEC 578-46-1	CURITY NO.	YES NO IS. MOTHER'S MAIDEN FIRST	Unknown	Longri MIDDLE ADDRESS 670	8 Longri	idge Dr.
AS DECEASED EVER S. NO UNKNOWN) 18 CAUSE OF DEATH PART I DEATH W	IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES] I (Enter only one cause p. AS CAUSED BY IMMEDIATE CAUSE (0)	16b. SOCIAL SEC 578-46-1	1514	17. INFORMANT Frank Mar	Unknown	ADDRESS 670	8 Longri	idge Dr.
IS CAUSE OF DEATH PART I DEATH W	H Enter only one couse post CAUSED BY	578-46-1	1514	Frank Mar	eellino (S	670	anham,	dge Dr. dd. ximate interval i onset and death
PART I DEATH W	AS CAUSED BY IMMEDIATE CAUSE (0)	er line for (o), (b), o	h	ministery	+: 1.			
underlying couse	which (b) neediote g the lost. (c)		Univ	Serile D ay treet 1	rementa,	Septis		10
90 DATE OF OPERAT	ION 196 CON	DITION FOR WHICH	H OPFRATIO	ON WAS PERFORMED		IN CER		
OR CONTRIBUTING COLOR (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK	AUSE OF DEATH AL EXAMINER) ED 21e PLACT (AT HOME S	A.M. MONTH D P.M. E OF INJURY TREET, FACTORY OFFICE,	, FARM ETC)	211 LOCATION STREET			COUNTY	STATE
sow the decease	d olive on	- 2 5- 19	87 .01	nd that in (my) (our) opin DEGREE ATTENDIN	IG MEDICAL	STAFF	22c DATE	that (I) (we) lose couses stated SIGNED 29.198
	COUSE (0), stating underlying couse PART 2 OTHER SIGN 98 DATE OF OPERAT 216, ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 216, INJURY OCCURR WHILE NOTIFY MEDIC 2176, INJURY OCCURR WHILE NOTIFY MEDIC 218, SIGNATURE	PART 2 OTHER SIGNIFICANT CONDITIONS (C) PART 2 OTHER SIGNIFICANT CONDITIONS (C) PORT 2 OTHER SIGNIFICANT CONDITIONS (DUE TO, OR AS A CONSECUENCE OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION TO CONT	DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE BUT OF OPERATION 196 CONDITION FOR WHICH OPERATION 216. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 216. INJURY OCCURRED WHILE TO NOT WHILE TO ONE STREET, FACTORY, OFFICE, FARM, ETC.) 217. WORK TO WHILE TO SOW the deceased olive an obove, (1) (we) (did not view the body offer death.) 218. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 1 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 217 SOW the deceased oflive on obove, (I) (we) (did) (did not) view the body after death. 218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 219 ODOVE, (I) (we) (did) (did not) view the body after death. 220 SIGNATURE 220 ADDRESS.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (C) PORT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (C) PORT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (C) PORT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (C) PORT 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 210. IF 190. AUTOPSY? 210. IF 210. IF 210. IF 211. LOCATION 211. LOCATION 212. LOCATION 213. LOCATION 214. INDIAN (I) (this hospital) attended the deceased from the dote and the obove, (h) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI	DUE TO, OR AS A CONSEQUENCE OF COUNTY COUNTY

DHMH-16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If hem 2

230 BURIAL, CREMATION, REMOVAL Burial 7/31/81

236 DATE

234 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

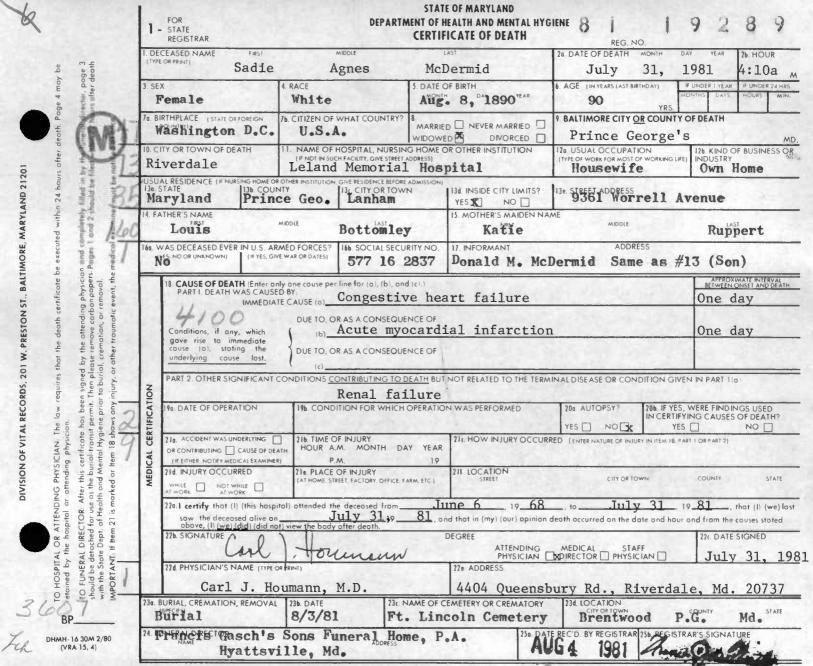
23d LOCATION
CITY OR TOWN
Washington

Francis Gasch's Sons, PA Hyattsville, Md.

	Statute 1	on it food	nt troising	T.
	7.0	2001 ,21 mm	4,53450	efdi
h tagnasi paa	F-2.	7	120	Teally
po afection re	Simonia	small I me	Prince Scouts's St	Thought)
owine anhirann	1 9050	x - 1	wince See's Laplace	2 (0) (v (6)
	monaid)		T) P)	minist.
	oelline (Son	and Sanish	61-W-958	100
in viul				

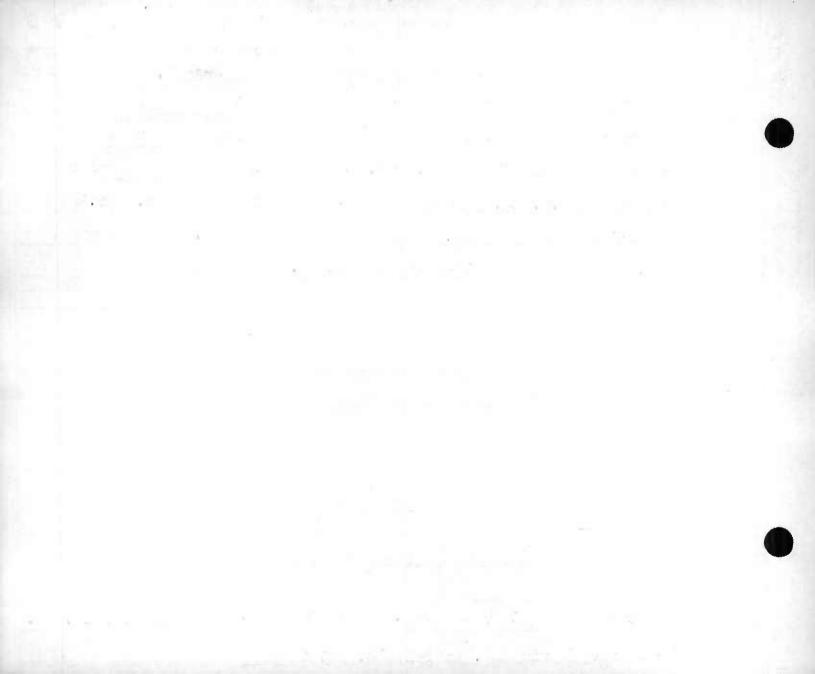
e e e				FIRST HONSO		ORGE	LAST	MATTHEW.	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
4 moy be or, poge 3 ofter death	3.	SEX			RACE Bla		5. DATE OF B	MATTHEW 87, DAY 1927 FAR	6. AGE (IN YEARS LAST BE	MONTHS	11:30 1 YEAR IF UNDER 24 HI DAYS HOURS MI
Service of the servic	970	. BIR	THPLACE STATE OR FORE	EIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		OR COUNTY OF DEA	ATH
(M)	4		Y OR TOWN OF DEATH		11. NAME OF I	HOSPITAL, NURSIN	G HOME OR C	THER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Med Cons	OF WORKING LIFE) INDI	IND VEBUCHETY USTRY Dept.
19 1	۲	3a. ST	RESIDENCE (IF NURSING ATE 13 13	BL COLINI		GIVE RESIDENCE BEFORE 13c CITY OR TOW Bladens	N 13d	. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5802 Anna	apolis Rd	
mplerely and 2 sh	20	FAT	HER'S NAME FIRST Henry		Matth	LAST ew	15.	MOTHER'S MAIDEN N	AME MIDDLE	Wilkins	LAST
n ond co Poges i	16		AS DECEASED EVER IN (S. NO OR UNKNOWN)		MED FORCES? WAR OR DATES]	125-22-7		Gertrude S	mith (Cousi	"550 W 1	25th St.
ed by the coleose remorial, cremori				the lost.	DUE TO, OI	choli	region	hi C.	ethias MINAL DISEASE OR CON	NDITION GIVEN IN P	ART 1(o)
been signi mit. Then parior to bu ony injury,	g		9a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATION W	'AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
AN: The low require hystrion. icote hos been sign, rronsit permit. Then p Hygiene prior to bu 18 shows ony injury,	28	CERTIFICATION	210. ACCIDENT WAS UNDERL	ILYING	21b. TIME O		21		200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJ	IN CERTIFYING C	AUSES OF DEATH?
The low require icion. te hos been sign. ssi permit. Then prior to bu shows ony injury.	28	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLOOPED ON CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE	USE OF DEAT LEXAMINER)	21b. TIME O HOUR A. P.	FINJURY M. MONTH DA M.	YEAR 19 21		YES NO	IN CERTIFYING C	AUSES OF DEATH? NO []
SICIAN: The low require ng physicion. eerificote hos been sign info-tronis permit. Then gental Hygiene prior to but them 18 shows ony injury.	28	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLOSS OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	USE OF DEAT LEXAMINER) D his hospite olive on (did not)	21b. TIME O HOUR A. P. 21e. PLACE (AT HOME. STE WIEW the body	M. MONTH DAM. OF INJURY REEL FACTORY, OFFICE, F e deceased from ofter decay.	AY YEAR 19 21 ARM. ETC.) 21 DEG	LOCATION SIREET 19 oot in (my) (our) opinion REE ATTENDING PHYSICIAN e. ADDRESS	YES NO	IN CERTIFYING C. YES JRY IN ITEM 1B, PART 1 ORP DWN COUL JOHN 19 Jote and hour and fro	AUSES OF DEATH? NO ART 2) NTY STATE , that (1) (we) 1 Date (IGNED)

ALPHONSO MO OX:II 07-27-31 G. Stell , homes 1354 137 V412 V - 1 . Treff on Property and the last CHEVERLY PRINCE CHORCE'S GENERAL MISPITAL of the reduction of T desertional tree free telephone fundament Wild Moor on Column to distall observed . If will handbrone and browning in. Tale manufullen The bonesmont T/II/II (Fit. Lincoln Countory . I. . and finance man attend mission British of the Land



		albert albert	
	W. P. 1800 P. C.	101,150	o.I.wooT
and subject to be	¥	1.6.	antautaen
DEPLIES CON LOS	us Intigral		a Santania
nersy) Liera (1	7.0	Drines Co. Charlen	her freat
rentual Live Co. L. C.	SITEN E IN	value:508	alms?
India (I) an enal i	Committee of Manual 75	U 51 578	No.

STATE OF MARYLAND



TARCONA PUBLICAL MONE

MIDDLE

520 Balboa Avenue Grayffen Lillian Hughes, Niece, Same as Above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH de PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 226 DATE SIGNED DIRECTOR PHYSICIAN Burial 7-14-81 North Burial Grounds Providence, 24 FUNERAL DIRECTOR Robt E Wilhelm ADDRES 4308 Suitland Home Rd., Suitland, Md. (VRA 15, 4) Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2b. HOUR

12h KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

2a. DATE OF DEATH

DHMH-16 30M 2/80

FOR

REGISTRAR

FIRST

L DECEASED NAME

- STATE

TYPE OR PRINTS

07-11-51

PRINCE STORGES

CHEVERLY PRINCE GEORGES GENERAL MOSPITAL

11 2	FOR	224 4/10			ATE OF MA		LIVOIENIE			
43:	- STATE			DEPARTMENT O			0		9 2 9	3
	REGISTRAR		ME	MIDDLE	INEK 5 CE	RIFICATE		REG. NO.	ONTH DAY YEAR	
N/	(TYPE OR PRINT)	WATE .	NTS.	7710021	38.7		OF OF	ESTI- MATED 7		2b. HOUR
300 100	3 SEX	DIA 14. RACE	S DATE OF BIRTH	I/ ACE (III	MC	Kie			-26-81 ₉	M
			MONTH DAY	YEAR 5 AGE (IN	HDAY) MONTHS	DAYS HOURS	MIN. PRONOU	NCED		1.4 250
2 2 2 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	gemale 7a. BIRTHPLACE	Black	Aug. 1	3, 1969	_v 2 _s 1		DEAD		-26-81 ₁₉	Рм
記念を手著し	FOREIGN COUNT	(Y)				NEVER MAR	RIED			
第522× 1	Wash.	D.C.	USZ	A SPITAL, NURSING HO	WIDOWE				e's Count	TYTE
が其の語句	Cheverly		OF NOT IN SUCH FA	George's C	S) HOCE	ital	Clerk	KING LIFE)	OR INDUS	TRY
O CAN DEL		CE (IF IN NURSING HOME		VE RESIDENCE BEFORE ADM		orcar	CTELY			
21201 ANY DELAY IS AND 310 THE FRETAIN PACE FOUND BE FILED RECORDS, 2017	Mary	135 COUN	everly	Cheyle	١, ا	YES NO C		ss 3rd Ave	nue	
A SALA	14. FATHER'S NA	ME	MIDDLE	LAST	I	5 MOTHER'S MAIL	DEN NAME	IDDLE	LAST	
E SERVICE	Sylve	ster McK		LASI		Verte	11 Padge		LASI	
0 00530-	16a. WAS DECEA	SED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	INFORMANT 2	837 63rd	Avenue		
BALTIMORE, BES AFTER DEATH IS GIVE PAGES WITH FORM PI PAGES JANG DIVISION OF VI	no	(III IES, GWI	WAR OR DATES)	578 84			er McKie			
S S S S S S S S S S S S S S S S S S S	18 CAUSI	OF DEATH (Enter or	nly one couse per line						APPROXIMA BETWEEN ONS	TE INTERVAL
RESTON ST., IN ITEM 18 R. ALONG V R. ALONG V R. ALONG V HYGIENE, HYGIENE, MOVAL.	PARTI	DEATH WAS CAUSE	D BY:	ulmonary e	mboli				Brivetti	ET AIND DEATH
O SE CALLES	141.	5/	DUE TO, OR	AS A CONSEQUENCE						1000
A A A A A A A A A A A A A A A A A A A		tions, if ony, which rise to immediate								
201 W. PRI UTED WITH IN PENCIL EXAMINER EXAMINER IAL - TRAN ON, OR RE	couse	(a) stating the <u>under</u>		AS A CONSEQUENC	E OF					
S EXE	1,7,11,9	.0036 1031.	(c)							KILLE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 34 HOUR RITING THE WORD "PENDING" IN PENDIN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALDING RE 3 SHOULD BE USED AS A BURIAL "TRANSIT PERMIT TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DO TO PRIOR TO BURIAL, CREMATION, OR REMOVAL		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE T	ERMINAL DISEASE O	R CONDITION GIVEN IN I	PART I (a),			
L REAL	190 DATE	OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATION WAS	S PERFORMED?		- 10	20 AUTOPS	(?
DIVISION OF VITAL REPAIRS CRITICATE SHOULD WRITING THE WORD "TE ARDED TO THE CHIEF IN CEES SHOULD BE USED A TITE DEPARTMENT OF HEE IN CONTRIBUTION OF HEE IN CONTRIBUTION OF THE INCOME.	=								YES	NO 🗌
OF WEEK	21a EXTER	NAL CAUSE WAS	21b. TIME OF	INJURY	21c. HOV	W INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1		
S SHOOT AND SHOT AND SHOOT AND SHOT AND SHOOT	S CONTRIBU	NG OR ITING CAUSE OF			.7."					
IVISION OF CERTIFICATE TING THE W ED TO THE 3.3 SHOULD E DEPARTMEN I PRIOR TO B	W	YOCCURRED		OF INJURY (AT HOME TORY, FARM, ETC.)	211 LOCA		CITY OR TO	WN	COUNTY	STATE
DIV THIS CI WARDE WARDE PAGE 3	AT WORK	AT WORK								017116
NTE, T NTE, T NTE, T NE, P, T ND, 2	22a I co	ertily that I took char-	ge of the remains de	cribed above, held or	Autopsy	XX. Inspect	ion , Inquiry	and in r	my opinion	
MA THE	death res	ulted from Notu	ral causes XX.	Accident .	Suicide .	Homicide .	. Undetermined m			
ARY WITH		Va	A . I	11 ,0		TITLE (SPECIFY)				
A A L C C C C C C C C C C C C C C C C C	SIGNATUI	RE MULL	te Me	mill	M.D	Assista	nt MEDICAL EXAM	AINER S	ATE TOTAL	-81
DECA STATE	- EVALUATED	VC NIAME								
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	EXAMINER (TYPE OR F	RINT) Mare	arita A.	Korell,M.D	A[DDRESS11	1 Penn Str	eet		
TY O DESTAN	23a. BURIAL, CREA	AATION, REMOVAL	736 DATE	1 JAL NAME OF	EMETERY OF	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
420 BP	Buria	$1 \left(V_{i} \right)$	July 30	A 981 J	Jarmon	y Memor	ial La	ndover.	Maryland	3
DHMH - 17	24 FUNERAL DIE	THE	N Tropal	lewa	21-	LAN	REC'D, BY REGISTRA	1//	R'S SIGNATURE	
(VR A15 ME (5)) 15M2/80	Stewar	y Junera	1 Home	1001 Beni	ning R	oad NE	163 1981	Name	of the contract	A-1
15M2/80		++			-					

23. WHAT 25 LOVE . at it is T. make the upply and to the later the surface the grant at the grant and the surface of the research traces and the comment of the search forcers where the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS MCWAIR RICHARD B. 4 RACE IF UNDER 1 YEAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS MONTHS HOURS Sept 29 1931 Male White To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Oklahoma USA WIDOWED DIVORCED Prince Georges IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hospital Electronics Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
1131 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 6913 Briarcliff Drive PG NO | Md YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE McWhirt Best Mundy Burr Genevra Doris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 557-42-0152|Sheila McWhirt, Wife, Same as Above 11 CAUSE OF DEATH Enter only one coure per line famo. (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE gave rise to immediate cause is stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DIVISION OF VITAL RECORDS. ON CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY HOUR A.M. OR CONTRIBUTING GOSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (I) (this trospital) attended the deceased from 2019 81, and that in (my) (aut) pinion death occurred on the date and hour and from the causes stated saw the deceased alive an obove, (I) (we) producted not) view we body ofter death 226. SIGNATUR 22c DATE SIGNED MEDICAL FUNERAL [uld be deta DIRECTOR PHYSICIAN SICIAN 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE COUNTY STATE Burial Cedar Hill Cem. 7 - 24 - 81Suitland Robt E Wilhelmaddress 4308 Suitland 11 9 7 1001 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Rd., Suitland, Md Funeral Home

The Charge Colors 2 sees

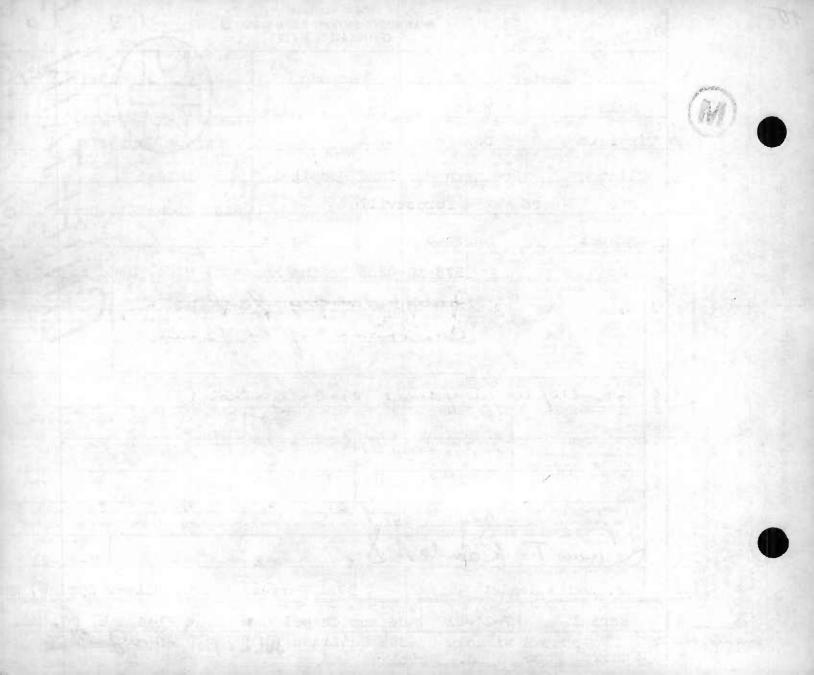
I. DECEAS	STRAR ED NAME FIRST	WIDDLE	LAST		20. DATE KNOWN OF ESTI-		DAY YEAR	25 HOUR
E ta	LAZ		GA MED	INA	DEATH MATED	□ 7 - 18-		N
3. SEX ma	le black	5. DATE OF BIRTH DAY YEAR DEC 16 52	AGE (IN YEARS IF UNDER LAST BIRTHDAY) MONTHS 28 YRS.	DAYS HOURS M	HRS. 2c. DATE IN PRONOUNCED DEAD	7-18-		F2:01
4 Cul	country Das Havana	76. CITIZEN OF WHAT COUNTR	Y? I MARRIED WIDOWED	NEVER MARRIED	Prince (OR COUNTY	OF DEATH	V MD
Ch	everly	II. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Prince George	s Co. Hosp		o usual occupation (for most of working life) Unemployed	TYPE OF WORK 126	OR INDUSTR	SINESS
USUAL RES 130 STATE Mary	136 COUN		R TOWN 13d.	INSIDE CITY LIMITS?	street Address 709 Irvingt	on Stree	et	
JOS	RST	Medi	iT	MOTHER'S MAIDENT Felicia		Veg	LAST	
16a. WAS I	OR UNKNOWN) (# YES, GIVE	MED FORCES? 16b. SOCIA WAR OR DATES]	L SECURITY NO. 17	Virginia Q	ADDRE uinones. 702		Hill, M	ſd.
18	PART I DEATH WAS CAUSE	TE CAUSE (a) Multip	^{nd (c).)} Le gunshot w				APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	gove rise to immediate cause (a) stating the <u>under</u> - lying couse last.	(b)		CONDITION GIVEN IN PART 1	10).			
CERTIFICATION 130°	DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION WAS	PERFORMED?			2D AUTOPSY?	
I E I	EXTERNAL CAUSE WAS	216. TIME OF INJURY	ATT CHEAD	MURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	T8 PART 1 OR PART 2)		NO []
VI CO	ERLYING OR OTRIBUTING CAUSE OF	DEATH P.M.	19 300 36					
COI	DERLYING SELOR VITRIBUTING CAUSE OF INJURY OCCURRED ILE NOT WHILE WORK AT WORK	DEATH P.M. 21e PLACE OF INJURY STREET FACTORY FARM STC	AT HOME, 211 LOCAT STREE		CITY OR TOWN Street 0	country)xon Hil		state yland
WEDICAL CO.	NTRIBUTING CAUSE OF INJURY OCCURRED ILE NOT WHILE S WORK AT WORK 120. I certify that I took charge	DEATH P.M. 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.	ea of 709 held on Autopsy	Trvington XX Inspection Homicide XX TITLE (SPECIFY)	Street 0		1. Mary	

its: i.e. o 7-7-e- respectively The same of the sa The second secon

Rd., Suitland, Md

Funeral Home

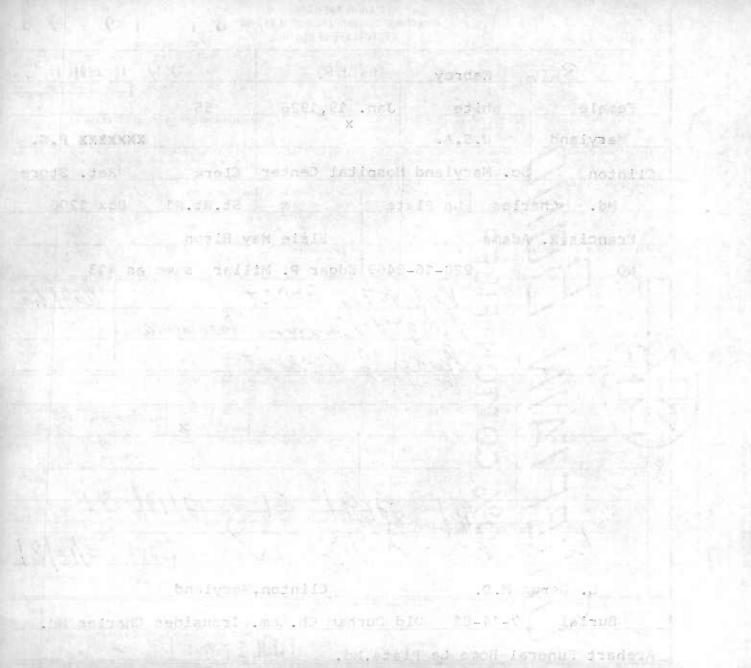
STATE OF MARYLAND



lefter hander handered and the same . has the sale of the sale

	FOR 1 - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	9298
	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b HOUR
may be poge 3 fer death	(TYPE OR PRINT)	h Mabrev	MILLAR	July	11 1981 11 30
fter d	3. SEX		S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	H UNDER LYEAR IF UNDER 24 HRS
	Female		Jan. 19,1926	55 YRS	
AMED.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
111500	Masyland	U.S.A.	WIDOWED DIVORCED	Z K	XXXXX P.G. MD.
27/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
800	Clinton	So. Maryland H	ospital Center	Clerk	Ret. Store
\$	JSUAL RESIDENCE (IF NURSING HOME'S	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD JNTY 13c. CITY OR TOWN	MISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Cresh Hardison
.DU	Md. Cha	arles La Plat			Box 1206
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
7350	Francis R.			ay Rison	LA31
ico	160 WAS DECEASED EVER IN U.S. A		TY NO. 17. INFORMANT	ADDRESS	
E d	NO	220-16-8	469 Edgar P. M	illar same as	#13
å,	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		at ALA.	4	MITWEST COMET #10 DEATH
vent		ATE CAUSE (o)	solvy wills	T	halfhr
atic of	1749	DUE TO OR AS A CONSEQUEN	and In 1 .	10	7
, E	Conditions, if ony, which	(wung	Metastasis	/ Ineumonia	
er fro	gove rise to immediate couse (a), stating the	DUE TO, OR AS ACONSEQUEN	CE OF A	1	THE RESERVE
othe	underlying couse lost.	DUE TO, OR AS ALONSEQUEN	Il men	t	1000-00000
y, or	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(g)
o ic	Z O				
, ou	I 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
S ows	E .				ING CAUSES OF DEATH?
Hygie 18 sho	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
e a lo	OR CONTRIBUTION CALLER OF DE		YEAR 1		
÷ 0	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	21e PLACE OF INJURY	21F LOCATION		
ked	WHILE NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE, FARA	W, ETC) STREET	CITY OR TOWN	COUNTY STATE
mor		pital) attended the deceased from	-1/9/ 109/	10 2/1//	19 St., that (I) (we) lost
		on view the body offer death.	and that in (my) (our) opinion	death occurred on the date and hour	
E S	obove, (I) (we) (did) (did n 22b. SIGNATURE	ton view the body offer death.	DEGREE		22c DATE SIGNED
± ±	1000	2 8/10/	A / A ATTENDING	MEDICAL STAFF	7/12/8/
Z-	22d. PHYSICIAN'S NAME (TYPE	OP PRINT	PHYSICIAN 1	DIRECTOR PHYSICIAN	17/1-101
RT/					
	L. Ber	wa M.D.		,Maryland	
with the		L 236 DATE 23c NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	
IMPO	23a. BURIAL, CREMATION, REMOVA			CITY OR TOWN	COUNTY STATE
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		Durham Ch.Cem	. Ironsides Ch	arles Md.
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial 24 FUNERAL DIRECTOR NAME		Durham Ch.Cem		arles Md.

STATE OF MARYLAND



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 0	0 0
16	1- STATE MEDICAL EVAMINED'S CERTIFICATE OF DEATH	9 9
2000 E	1. DECEASED NAME Charsles Edward Millers Jr. 20. DATE KNOWN _ MONTH DAY	YEAR 76 HOUR
RAY, PLEAS DIRECTOR FILE ON STREET	Wale White 12-02-35 Syrs. 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE MONTH DAY YEAR 15 BRIDDAY DAYS HOURS MIN PRONOUNCED 7-13	YEAR 2 HOUR
	Mississippi U.S.A. WIDOWED DIVORCED DIVORCED	MD.
PACE TO THE TO T	Cheverly Prince Trenges General Hosp. Appraiser	HA.
F ANY DE PROPERTIES SHOULD BE RECORD CONTRACTOR CONTRAC	USUAL RESIDENCE (IF ANDRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 CQUNTY 132 CITY OR TOWN 134 INSIDE (ITY LIMITS? YES 19 NO 1 7927 Mandan Road	
RE, MD.	Charles E. Miller, Sr. Wilma McLaurin	LAST
T., BALTIMORE, MD.: URS AFTER DEATH 18. GIVE PAGES 1, 2, WITH FORM PM 11. PAGES 1 AND S 11. PAGES 1 AND S 12. DIVISION OF VITA B	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) VES WW 11 166 SOCIAL SECURITY NO. 17. INFORMANT ADDESWIE, Ma 7 19-16-3838 Mary L. Miller, 12313 Tilbury	ary land
RDS, 201 W. PRESTON S EXECUTED WITHIN 24 HC ING" IN PENCIL IN 1TEM ICAL EXAMINER ALONG ICAL EXAMINER PREM A AND MENTAL HYGIENER WATION, OR REMOVAL.	PART I DEATH WAS CAUSED BY: Description Due to by as a consequence of conditions, if ony, which gave rise to immediate cause (a) stating the under-lying couse lost. Due to, or as a consequence of consequence of couse (b) to the under-lying couse lost. Part 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o.	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	9	NUTOPSY?
S A S A S A S A S A S A S A S A S A S A	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 210. INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 210. EXTERNAL CAUSE WAS 19 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	
DIVISION DIVISION THIS CERTIFIC E. WRITING TA RWARDED TO RWARDED TO STATE DEPART 7, 21201 PRIOR	AT WORK AT WORK	STATE
DIV TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE B BALTIMORE, MARYLAND, 21201 F	220. I certify that I took charge of the remains described above, held on Autopsy I, Inspection II, Inquiry II, and in my opinion death resulted fram: Natural causes II, Accident II, Suicide II, Hamicide III, Undetermined manner III, ACTUAL SIGNATURE IN MEDICAL EXAMINER DATE SIGNED TO THE SIGNATURE IN THE CONTROL OF THE SIGNED TO THE SI	-13-81
TO MEDI FAGE 4 TO FUNI AFTER DE	EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 238. LOCATION	1 Polera
BP	Burial 7/17/81 Md. Vet. Cemetery Che Ttenham, Mary 1	anc STATE
DHMH-17 (VR A15 ME (5))	16000 Annapolis Rd., Bowie, Maryland JUL 16 1981	JRE

Charles Eward Willers II.

Mississippi U.S.A.

Marie and the state of the said

Approiser F.H.A.

Maryl mr Pri. George Greenbelt - v 7927-Mannan Road

Charles E. Miller, Sr. Wilma McLaurine

13-17 CA-57

Bowle, Maryland ves | Ww 11 | 748-16-3838 Mary L. Miller, 12813 Tilbory Lag.

Burial 2/17/81 Mc.eVet, Commissy Cheltecham, Maryland

Seall Funeral Home 16000 Annapolis Re., Bowle, Marylane Julia ERI 3

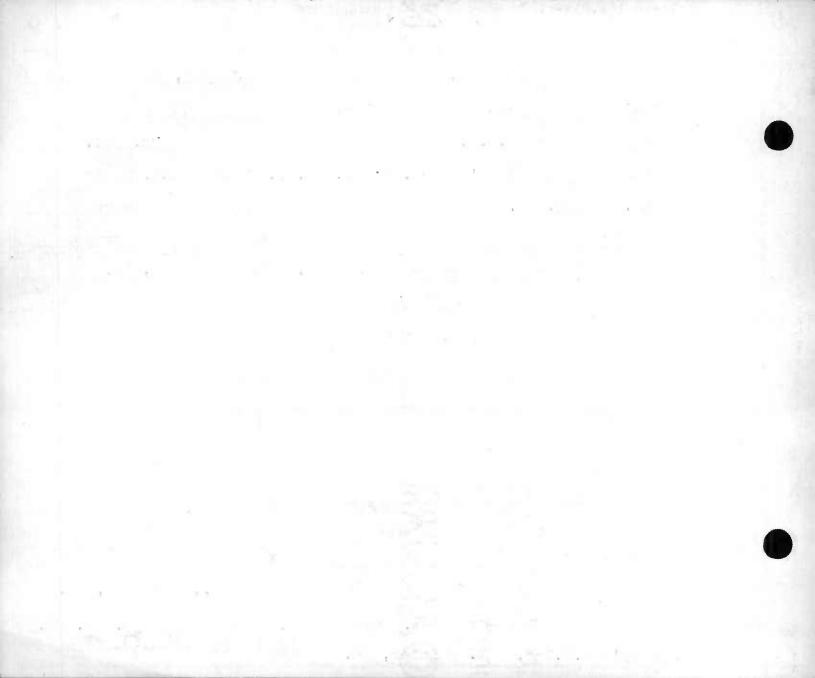
1	1							ARYLAN							
	1-	FOR STATE REGISTRAR		ME		MENT OF H EXAMIN				()			9	3 0) 0
		CEASED NAME	FIRST		MIDDLE			LAST	JAIL O		a. DATE K			DAY YE	AR 2b. HOUR
	(11		EMMI	TT	WILS	SON	MOAT	Z. JR			OF DEATH /	MATED _	7-	18-81,	M
3. 5			RACE white	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAL LAST BIRTHDA	MONTH	DER 1 YR.	IF UNDER		C DATE	CED	MONTH	18-81 _o	15 100°
70.1	8	SIRTHPLACE (STAT		June 5,		34 YR	9	ED NE	VED ALABO	rs 🗆 9	DEAD BALTIMO	ORE CITY C		NTY OF DEATH	<u>ам</u>
		Maryland		U.S.A.			WIDOW	ED 🗆	DIVORC	ED 🛣	Princ	e Geo	rge'	s Coun	tv MD.
		Cheve:	cly		George George	TREET ADDRESS)	nera			FOR MC	OST OF WORK	ATION (TYPI ING LIFE) Chani		OR INDI	FBUSICESS USTRYCO: TS Motor
li d	M	AL RESIDENCE (# STATE aryland	Princ	R OTHER INSTITUTION, C TY • Geo.		OR TOWN		13d. INSIDE (I	NO [13e STREE	et addres 7 Gre	s enway	Dri	ve	
1	14. F	ATHER'S NAME		MIDDLE		LAST			R'S MAIDE	N NAME	MID	DLE		LAST	
+	16a. '	Emmitt WAS DECEASED B	VER IN U.S. ARA	W . AED FORCES?		patz, S		Ter			L.	1'9DR2'2		rtin	
	C	YES, NO, OR UNKNOWN	Viet	nam (names)		44 570		Terr	y L. 1	Moatz				Md.	
		18 CAUSE OF E	DEATH (Enter only IH WAS CAUSED	y ane cause per lin										APPROXI	MATE INTERVAL
	7	01/		E CAUSE (o)		cerebr		rauma							
11/	1	Conditions	if ony, which	DUE TO, OI	R AS A CON	ISEQUENCE C	F								
	1	gove rise	to immediate oring the under-	(b)											
		lying couse		DUE TO, OF	R AS A CON	ISEOUENCE O	F								
	Z	PART 2 OTNER SIGNI	FICANT CONDITIONS C	((c)	BUT NOT RELA	TED TO THE TERMI	AL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a)			-		
-	CERTIFICATION	19a DATE OF O	PERATION	19b COND	ITION FOR	WHICH OPERA	TION W	AS PERFOR	MED?		-			20 AUTOF	PSY?
	TIFIC													YES \$	
>	CALCER		OR CAUSE OF D		MMONTH-	18'-8'1AR	-							contro	01
-	MEDICAL	21d INJURY OC WHILE	CURRED NOT WHILE	STREET, FAC	OF INJURY	(AT HOME,	S	CATION			CITY OR TOW	N	c	OUNTY	STATE
		WHILE AT WORK	AT WORK	sti	eet		·	903 Ch	illum	n Rd.	1	Hyatt	svil	le, Mar	ryland
				of the remains de				XX	Inspection		Inquiry		id in my o	pinion	
		death resulted	from: Nature	ol couses	Accident	XX, Suid	ide	, Homic		Undeter	mined mon	iner,			
		ACTUAL SIGNATURE	lau	vete h	eyon	ull	AA	TITLE (SI		- MEDIC	AI EXAMI	NED	DATE	7-1	18-81
		EXAMINER'S NA	AME M	roamita	A 17 -	mo11 3							21014		
-	730 5	(TYPE OR PRINT		argarita		NAME OF CEM				Penr	Stre	eet			
	1	urial	Z. I, KEMOVAL Z.	7/21/81		. Linc		Cemete	ery	Bre	entwo	od :	P.G.	Mary	yland
	4	UNERAL DIRECTO	ch's So	ns Funera						ILL 2	REGISTRAR	25h REGA	STRAR'S	SIGNATURE	7.76
		lyattsvi]	lle, Mar	yland					9	INT Y	1 198	1	,	0	

Manual at a course comment of in the confer of manufactures of the conference of the states Therefore Total Parket of the State of the S William Toront Toront I Fronting the efficiency with a record form of the grantery out contrast districts a fundament 1000000 Deligion 7-14-15 per delivery & moderacycle Lab : about Twite a German . Lawrith 5 L silver in agent to the property, it. it. TALL OF Lincoln Condense deposit on the telephone Properly the of a Same Smeath Come, F. L. a 35 historial , official light

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 2h HOUR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 85 16-1896 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [Vania WIDOWED AL OCCUPATION 126 KIND OF BUSINESS OR POR MOST OF WORKING (189) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ISE WI USUAL RESIDENCE (IF NUR 138 COUNTY U-130 STATE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS 0 360 Dameron STUDE 14. FATHER'S NAME MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT Same (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 180-10-2718 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF CLIPAL AS underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 20 COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOI WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased olive on and that in (my) opinion death occurred on the date and hour and from the causes stated 27% SHONATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 MHYSICIAN'S NAME (THE OF PM) 22e. ADDRESS ld b 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Nesqueroning 23b. DATE BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, RECASTRAR'S SIGNATURE DHMH-16 30M 2/80 NAME (VRA 15, 4) nance

Susan (mans) telebrary Parties tomate but to the series series Personal Carl Carlot Prince Conserve Co Add the Hill bases was fine him. It is easily the a mod Property X 300 Damena Person who will take the world 8125 - 01 - 081

	July 24, 1885	lack a doel		Tenale
		.4.2	0	.631
Tomostic				
622 Inth Street		forms, i	nr. 1910.	.691
arv dane franklije			Levi	
ore(daughter) same as	of Jersons	212-14-5793		



1/	1	FOR	י סכלם			STA		ARYLAN		YGIEN	1		1 0	2 2	0	A
6	1-	STATE REGISTRAR				EXAMIN				F DEA	TH	REG.	NO			
		CEASED NAME FIR	SĨ		MIDDLE			LAST		2	o. DATE	KNOWN		TH DAY	Y YEAR	Zh HOUR
			NKLIN		D.			EWTON			OF DEATH	ESTI- MATED	7	12		N
	3. SE	4. RACE	S. DA	TE OF BIRTH	YEAR	6. AGE (IN YE.			HOURS		RONOUN	NCED	MON			12: 1
		nale negro	0 2	17	53	284	RS.				DEAD BALTIM		/ OB COL	12		aw
5	FG. B	REIGN COUNTRY)	70. C			VIKY?			VER MARRIE	ED 🔲			_			
	10. C	TY OR TOWN OF DEATH			PITAL, NU	RSING HOME	, OR OTHE		DIVORCE	12a USU	Pri	PATION (TYPE OF WO	RK 12b K	Count	JSINESS
		Cheverly		not in such FA		rreet address)	eral I	Hospi	tal	FOR M	OST OF WOR	KING LIEE)			OR INDUST	RY
0	USU	L RESIDENCE (IF IN NURSING H	OUNTY	INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSI	INC			13e STRE	FT ADDRE	SS				-0-1
)		MD	P.C	9-1	Cap	ital	Hgts	• YES 🔀		13e. STRE	12	Keni	a Av	renu	le	
,	14 E	Emerson	MIDD	LE	New			15. MOTHE	ER'S MAIDE		м	NDDLE	D.	2.	LAST	
	16n \	VAS DECEASED EVER IN U.S	ARMED FO	DPCES2		CIAL SECURIT	V NO		ladys			ADDRE	SS	1.50	-	
	()	es, no, or unknown) (if yes	, GIVE WAR OR	DATES)		-60-6		Fat 500	ricia eph (hr i	Newto stop	מו		150°	(EV.	v.E.
		18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	er anly one								1 A			BE	APPROXIMAT	E INTERVAL T AND DEATH
			EDIATE CAL	/SE (U)	-	ole in		S						_		
	2	Conditions, if any, v		DUE TO, OK	AS A COP	NSEQUENCE	Jr.									
		gove rise to imme couse (o) stating the <u>u</u>		(b) DUE TO, OR	AS A CON	NSEQUENCE (OF .									
		lying cause lost.		(c)												
	z	PART 2 OTNER SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH	BUT NOT RELA	ATEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAR	RT 1 (a).						
-	CERTIFICATION	190. DATE OF OPERATION	-	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20	AUTOPSY	?
	TIFIC			0.0											YES 🔀	NO 🗆
)		210. EXTERNAL CAUSE WA	S		MONTH	DAY YEAR			OCCURRED							
1	MEDICAL	CONTRIBUTING CAUSE	OF DEATH	0:45P.M		17.0	1 Ope	rator	in mo	otorc	cycle	/truc	ck cc	llis	sion.	16. 0
1	MED	WHILE NOT WHILE	E 🙀	STREET, FACT	ORY, FARM, E		SI	REET	on Rd		CITY OR TO	wn Pi	rince	COUNTY	orge's	MATATE
1		AT WORK AT WORK					L 1 V		OII ING				11106	000	71 90 3	, ,,,,,
0		22a I certify that I took				_	Autops		Inspection		Inquiry	□, _	ond in my	opinion		
		death resulted (ram:	Notural cau	ses L.	Accident	, S _v	icide	Homic	PECIFY)	Undete	rmined me	onner	١,			
		ACTUAL X	4	450	~	_	M		istan:	† MEDIC	CAL FYAA	AINER	DA	TE 7-	-12-8	
1356	-	7.1	A	M D		MD							J.			
×		(TYPE OR PRINT)		M. Dix				ADDRESS_		111 F		31.				
	23o. B	URIAL, CREMATION, REMOVED Burial		18/81		NAME OF CE					CATION		(COUNTY		TATE
		UNERAL DIRECTOR	1 '/			d. Na	tion	alM	250. DATER	EC D. BY	REGISTRA	R ZSb RE	GISTRAR	'S SIGN	MI ATURE)
		wm. c. Marc	ch F/	H 11	01 E	. Nor	th A		: 111	116	1981	2		2	Marth	e lart
								~ -		-	122			-	-	



		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDI	LE .	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
1	2		MARY E.	NIGH		07-29-	
		Female	White	Jul	E OF BIRTH DAY 17, 1937	LLL YRS.	UNDER TYEAR IF UNDER 24 HR
35	Í	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.	MARI	RIED X NEVER MARRIED .	PRINCE GEORGE	
position 1	C	TY OR TOWN OF DEATH	PRINCE GE	ORGE'S GEN	ERAL HOSPITAL	(TYPE DE WORKED MOST OF WORKING LIFE)	12b. KIND OF BUSINESS O INDUSTRY
135	13a. S Ma:	V		CITY OR TOWN	13d INSIDE CITY LIMITS? YES TO O	13e STREET ADDRESS 8532 Storch Woo	ods Dr.
Co)	14. FA	THER'S NAME FIRST Harold	L. Ken	dall	15. MOTHER'S MAIDEN NA	E. Blicken	staff
medicol		VAS DECEASED EVER IN U.S. (IF YES, NO	CIVE WAR OR DATES	50CIAL SECURITY NO 15-34-4143		igh Savage, Md	20863 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to buriol, cremot njury, or other tro	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS (c) T CONDITIONS CONT	A CONSEQUENCE OF		WINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
giene prior	CERTIFICATION	190 DATE OF OPERATION		N FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEALH HOUR A.M.	MONTH PAY YEA	IR ALL &	RED (ENTER NATURE OF INJURY IN ITEM TS PAR	TT OR PART 2)
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I (AT HOME, STREET, I	NJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heotr		22a I certify that (1)(this has sow the deceased alive above, (1) five (did)(did			and that in (our) opinion	deoth occurred on the date and hour o	. maren (me) la
Tote Dept		22b. SIGNATURE	R Card	ly M		DEDICAL STAFF	221. DATE SIGNED 7 /3/8/
		WILLIAM R			6525 BELCIL	EST HYATTSVILLE IN	10-
With the Sto							

MARY E. NIGH 07-29-83 2:2k-R PRINCE GEORGE'S CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL In about the off field and the Carpetal and the uneity time. 12 and the state of the state o PORT - - In the State of Hard State NO.

AUGUST ALIQUED

24	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 9 6
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
ய ஆ. ஆம் உ	CEASED NAME FIRST MIDDLES LAST 20. DATE KNOWN DAY YEAR 20. HOL OF ESTI- DEATH MATED 7-22 108/
PLEASE FCCOR FILES HOURS	A PACE IS DATE OF DIDTH. IS ACT (NIVER OF TELLINDED AND TO A LINE OF THE ACT
OOR PL	lale Cau. 1-7-24 57 YRS. HOURS MIN PRONOUNCEDJULY 22
S NECESSARY PLEASE E FUNER PORTEO, OR. E. S. FOR YOUR FILES. W. PRESTON STREET,	IRTHPLACE (STATE OR DESCRIPTION OF WHAT COUNTRY? 8. MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH Prince Georges Princ
PERE POR	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS) OR INDUSTRY OR INDUSTRY U. 5. GOV
21201 F ANY DELA 2, AND 3 TO SHOULD BE I RECORDS,	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13b. COUNTY 13c. CITY OR TOWN ACCOKEEK 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 15837 Livingston Road
~	ATHER'S NAME
RE, MI	-101016
BALTIMORE, MD. 3. URS AFTER DEATH URS AFTER DEATH WITH FORM PM 3. PAGES 1 AND 2. DIVISION OF WITH	vas deceased ever in u.s. armed forces? 1961-1961 1941-1961 196. Social security No. 17. Informant P.U. Box 284 292-16-7399 Cynthia L. Nolan Indian Head. Md.
ON ST. 24 HO ITEM 1 IEM 1 SIENE,	18. CAUSE OF DEATH (Enter only one cause portine for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MAREDIATE CAUSE (a) 45 Tadensing the fauericas a Consensation of the Consensati
× CANTEN	Canditians, if any, which gave rise to immediate cause (a) starting the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF
0 0 , 5 5 5	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
L RECORD UID BE EX "PENDING EF MEDING FRAITH A HEALTH A	
ITAL REGISTROLLD ORD "PER A CHIEF A CH	19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES □ NO ■
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROBED TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BIE DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION OF HEALTH AND TO BURIAL, CREMATION	THE EXTERNAL CAUSE WAS THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
DIVISI THIS CERT WRITING WARDED AGE 3 SI TATE DEP	THE PLACE OF INJURY (ACTION) AT WORK 214 ENJURY OCCURRED 215 ENJURY OCCURRED 215 ENJURY OCCURRED 216 PLACE OF INJURY (ACTION) STATE AT WORK 217 OCCURRED 218 ENJURY OCCURRED 218 ENJURY (ACTION) STATE AT WORK 218 ENJURY (ACTION) STATE AT WORK 218 ENJURY (ACTION) STATE AT WORK 218 ENJURY STATE AT WORK AT WORK 218 ENJURY STATE STATE STATE AT WORK AT WORK 218 ENJURY STATE S
TE. S. S. 21	726. I certify that I took charge of the remains discribed above, held an Autopsy . Inspection . Inquiry . and in my opinion
L EXAMINE E CERTIFICA OULD BE FOUND BE FOUND HE	Actual Actual Courses Against II, Suicide II, Homicide II Undetermined manner II.
ETHE SHOUL SHOUL EATH, ORE, M	SIGNATURE SIGNATURE SIGNED SIGNED SIGNED SIGNED
TO MEDICAL EXECUTE THE EXECUTE THE PAGE 4 SHOUL TO FUNERAL IT OF FUNERAL	(TYPE OR PRINT) Pr. Augustus Rodgriguez ADDRESS Camp Springs, Maryland 20031
BP BP	urial 7-27-81 Md. Vet. Cemetery Cheltenham, P.G., Maryland
DHMH-17 (VR A15 ME (5))	Untt Funeral Home, Waldorf, Maryland 250. Date REC'D. By REGISTRAR 250 EGISTRAR SIGNARE
15M7/77	JUL 20 1301]

	bus to	a thaund	V dando	
			2 - 3	und wick
	X		6.6.9	mid.
vol .E. d renurand anosthan		notennivi	15037	. Xmartuma ^k
x 15837 Livingscon Need		Account	.2.3	San Driver
Blancie Litter		ne farA	.6	-drawing
.an .uss woll naton .l nich	tnyll en	2-12-202	4751 - CAC	
Land to Parameter and the control	1	market 1		
			3	
2-22-83 FOR Rivburn Court				
Gran Sections, completed 20031		uplinable at	staumer .12	
ry Chil Yenhow, F.G., herylma	Det etc	.5all . Hi	7-27-01	Latter
	basiya	ale , and stall	E, Bligh Has	Bries Samult

	REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 9	
	ECEASED NAME FIRST	AURA R. NORTO	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b
2.6		1		07-01-8	IDER I YEAR OF
3. SI	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR	MÖNIH	
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Aug. 2 1893	87 YRS.	DEATH
14	COUNTRY) W York	USA	MARRIED NEVER MARRIED	DOTNICE CEODCETC	
	CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION		b. KIND OF E
14	CHEVERLY		S GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN HOUSEWIFE	VDUSTRY
130.	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF UNITY 13c. CITY OR TO	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
		PG Bradb	ury Hotts - NO -	4212 Shell St	reet
14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
20	Jacob	Nesius	Cather		neide
		CIVE WAR OR DATES!	CURITY NOA 17 INFORMANT	ADDRESS	
	No			Norton, Son, Same	APPROXIMA BETWEEN ON
	PART I. DEATH WAS CAU	only one cause per line far (a), (b), SED BY:	diac Avor	-2 -	DE LANEEN ON
	cause (a), stating the	DUE TO OR AS A CONSEC	DUENCAGE -	1- A	
NO	underlying couse last.	DUE TO, OR AS A CONSEC (c) A PULL T CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT BELATED TO THE TER	tion Anoxixia	tout
TIFICATION	underlying couse last.	(c) A1-ru	ODEATH BUT NOT RELATED TO THE TER	PINAL DISEASE OR CONDITION GIVEN	RE FINDING CAUSES OF
CERTIFICATION	PART 2 OTHER SIGNIFICAN JOURNAL DE LA COLOR DE LA COL	(c)	O DEATH BUT NOT RELATED TO THE TER YOUR TO CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY? IN B. IF YES, WEI	RE FINDING CAUSES O
1.00	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	(c) A CONTRIBUTING TO DEAL 196. CONDITION FOR WHILE THE OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT RELATED TO THE TER YOUR TO CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	200 AUTOPSY? I.b. IF YES, WEI YES NO YES	RE FINDING CAUSES O
1.00	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED	(c) A CONTRIBUTING TO DEAL 196. CONDITION FOR WHILE THE OF INJURY HOUR A.M. MONTH	O DEATH BUT NOT RELATED TO THE TER YOUR TO THE TER CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21l. LOCATION	200 AUTOPSY? I.B. IF YES, WEI IN CERTIFYING YES NO YES SIRRED (ENTER NATURE OF INJURY IN ITEM 18, PART I C	RE FINDING CAUSES O
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE AT WORK AT WORK	19b. CONDITION FOR WHILE 21b. TIME OF INJURY HOUR A.M. MONTH NER) 21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE	O DEATH BUT NOT RELATED TO THE TER YOUNGE TO THE TER YOUNG TO THE TER YOUNGE TO THE TER YOUNGE TO THE TER YOUNGE TO THE YOUNGE TO THE TER YOUNGE TO THE YOUNG TO THE	200 AUTOPSY? I.B. IF YES, WEI IN CERTIFYING YES NO YES DIRRED (ENTER NATURE OF INJURY IN ITEM 18, PART I C	RE FINDING G CAUSES O
1.00	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the decoupled by	(c) CONDITIONS CONTRIBUTING TO CONDITION SONT REPUBLICATION OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Spring) attacked the deceased from the condition on the condition of the condition on the condition of the condition on the condition on the condition of the condition on the condition of the condition on the condition on the condition on the condition of the condition on the condition of the conditi	O DEATH BUT NOT RELATED TO THE TER YOUNGER CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU 19 21l. LOCATION STREET 1, 19	200 AUTOPSY? I.B. IF YES, WEI IN CERTIFYING YES NO YES DIRRED (ENTER NATURE OF INJURY IN ITEM 18, PART I C	RE FINDING CAUSES OF
1.00	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27a.1 certify that (1) (this has sow the decease alive	(c)	DAY YEAR 19 211. HOW INJURY OCCU 212. HOW INJURY OCCU 213. LOCATION 518EET 214. HOW INJURY OCCU 216. HOW INJURY OCCU ATTENDING	IN AL DISEASE OR CONDITION GIVES 200 AUTOPSY? IN LIF YES, WEI IN CERTIFYING YES NO YES CITY OR TOWN CITY OR TOWN TO MEDICAL STAFF	RE FINDING CAUSES OF
MEDICAL	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI 71d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 72a.1 certify that (1) (this, has sow the deceased live above, (1) (we did: (did	(c)	O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED 21c. HOW INJURY OCCU DAY YEAR 19 21l. LOCATION STREET 19 DEGREE	IN AL DISEASE OR CONDITION GIVES 200 AUTOPSY? IN LIF YES, WEI IN CERTIFYING YES NO YES CITY OR TOWN CITY OR TOWN TO MEDICAL STAFF	RE FINDING CAUSES OF
MEDICAL	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALE OF THE LITTLE OF	(c) CONDITIONS CONTRIBUTING TO SECONDITION FOR WHILE CONDITION CON	DAY YEAR 19 211. HOW INJURY OCCU 212. HOW INJURY OCCU 213. HOW INJURY OCCU 214. HOW INJURY OCCU 215. FARM, ETC.) 216. HOW INJURY OCCU 216. HOW INJURY OCCU 217. FARM, ETC.) 218. ADCATION STREET DEGREE ATTENDING PHYSICIAN 226. ADDRESS	P NNAL DISEASE OR CONDITION CIVES 20a AUTOPSY? 1.6. IF YES, WE IN CERTIFYING YES NO YES JERED (ENTER NATURE OF INJURY IN ITEM 18. PART LO CITY OR TOWN CO on death occurred an the date and hour and MEDICAL STAFF A DIRECTOR PHYSICIAN	RE FINDING CAUSES OF PART 7) COUNTY Trool the co
MEDICAL	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURSED AT WORK AT WORK 27a. I certify that (I) (this has sow the decease plive above, (I) (week did) (did) 27b. SIGNATURE 72d. PHYSICIAN'S NAME (TYPRARM)	(c)	DAY YEAR 19 21t. HOW INJURY OCCU 21t. HOW INJURY OCCU 21t. LOCATION STREET 21t. HOW INJURY OCCU 21t. LOCATION STREET 21t. LOCATION STREET 21t. ADDRESS 3231 Supe	PINAL DISEASE OR CONDITION GIVES 20a AUTOPSY? 10b IF YES, WE YES	RE FINDING CAUSES OF
MEDICAL	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALE OF THE LITTLE OF	(c)	DAY YEAR 19 211. HOW INJURY OCCU 212. HOW INJURY OCCU 213. HOW INJURY OCCU 214. HOW INJURY OCCU 215. FARM, ETC.) 216. HOW INJURY OCCU 216. HOW INJURY OCCU 217. FARM, ETC.) 218. ADCATION STREET DEGREE ATTENDING PHYSICIAN 226. ADDRESS	PINAL DISEASE OR CONDITION GIVES 20a AUTOPSY? 10b IF YES, WE YES	RE FINDING CAUSES OF CAUSE

STATE OF MARYLAND

PRINCE GEORGE'S

CHEVERLY PRINCE CEORGE'S GENERAL HOSPITAL

to the shall be a like

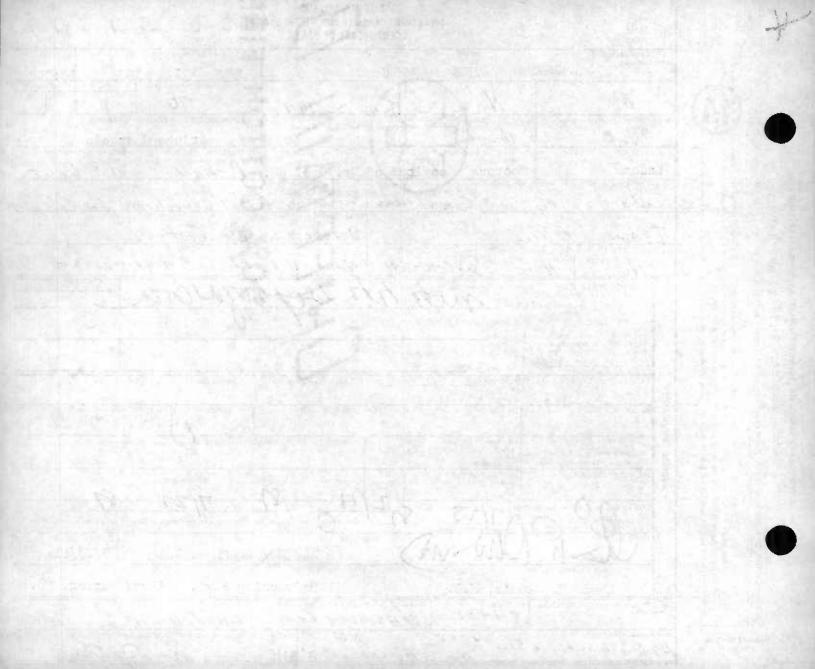
Show the wife with the desired and the state of the state

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (Eloise) O DATE KNOWN A MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED July 15.81 LOIS NORTON SEX 4 RACE DATE OF BIRTH 6 AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED YEAR 6-21-13 July 15. 8:30A 6 8 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Maryland 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Bradbury Hots Housewife 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 113b. COUNTY Md. PG Bradbury Hotsyes 4212 Shell Street NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Clayton Lowe Pierce 17. INFORMANT ADSTAINE as Above 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 577-68-7865 Henry Norton, Husband. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH pelestic cardiovascular disease PART I DEATH WAS CAUSED BY - IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME II. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.] STREET COUNTY STATE CITY OR TOWN WHILE AT WORK 22a. I certify that I taok charge of the remains described above, held on Autopsy death resulted from: Natural causes Accident Homicide Undetermined monner July 15, 1981 MEDICAL EXAMINER Augusto P. Rodrig uez, M.D. Rayburn Ct., Camp Springs, Md 5009 ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b DATE COUNTY Burial 7-18-81 Cedar Hill Cem. Suitland, 24. FUNERAL DIRECTO Robt E Wilhelm 4308 Suitland 250. DATE REC DHMH - 17 (VR A15 ME (5)) Funeral Home Rd., Suitland, Md. 15M 7/76

STATE OF MARYLAND

1000 ; 10 The work of the state of the st Jani, Eligh THE ROLL SHOW THE RESERVE OF THE PARTY OF TH the state of the

			STATE OF MARYLAND		
4	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	19309
	1. DECEASED NAME	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
ge a 3	(TYPE OR PRINT)	EDWARD AMES OW	ENS	JULY 27	1981 10:05P M
e 4 mo)	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR TON 30 1911	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
90	70 BIRTHPLACE ISTATE OR FO	REIGN 76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
deo deo	N.C.		WIDOWED DIVORCED		George's MD.
oy the softer willed with index	Lanham	(IF NOT IN SUCH FACILITY, GIVE STREET AL	on Pr. Geo. Co.	TYPE OF WORK FOR MOST OF WORK	KING LIFE) 126. KIND OF BUSINESS OR INDUSTRY U.S. 60V+
Released ed within 24 hours mpletely filled in b. ond 2 should be fill examiner myst be p.	USUAL RESIDENCE (IF NUR.) 130. STATE M d	OTHER INSTITUTION GIVE RESIDENCE BEFORE A	DMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
Les hin hin sho	14 FATHER'S NAME	16 Canpel O	15 MOTHER'S MAIDEN NA		wood Lpne
MARY Rel Rel with the cond 2 cond 2	ISAIAH	Durns LAST	DARREHA.	Bennett	LAST
and con ond co	160 WAS DECEASED EVER I	U.S. ARMED FORCES? 166 SOCIAL SECUR		ADDRESS	
BALTIMORE ad and cote be exect ysicion and copers. Pages val. t, the medica	NU	None 245-16-11	191 NAnnie JO	wens 5 gn	ne 13 E
iner Notifices that the death certifices that the death certificates by the attending physicals remove corbon poweral, cremotion, or remover, y, or ather traumatic even	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN	DUE TO, OR AS A CONSEQUEN which (b)	ICE OF	MINAL DISEASE OR CONDITION	N GIVÊN ÎN PART 1101
Exam low requirement Then significant them to prior to by its only injury.	NO 190. DATE OF OPERAT	ON 196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
AL The Cion The Cion Part part part part part part part part p	5			YES NO	YES NO
dica dica Clan, Tl physici phy	OR CONTRIBUTION C	USE OF DEATH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN 118	EM 18, PART 1 OR PART 2)
Media Media Media NG PHYSICIAN offending phy firer this certific st the buriol-tr h and Mental III	214 INJURY OCCURRI	D 21e PLACE OF INJURY	21f. LOCATION		COUNTY STATE
VISI G Pl offer the ond ked	WHILE NOT WHILE	E [] [AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
DI Or or Se os se osth	A /\	this hospital attended the decrosed from	19 8	10 7/27	
TTEN pirtol for u of Hi 21 is	sow him bacedies	d d d not he body ofter death.	, and that in (my) (our) opinion	death occurred on the date on	nd hour and from the causes stated
he hos A. DIRECTOCHED TO PREC	228 SIGNAPERIE	A COMPONIE GEOM.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN [7/28/81
ERA State	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	PHYSICIAN)	DIRECTOR LI PHYSICIAN L	7/20/01
HOSI bined FUN ould b	Carlo Maria Carlo Carlo	H. Dennis, M.D.		sity Blvd., Sil	lver Spring, Md.
Sho of sho	23 BURIAL CREMATION, R	EMOVAL 236 DATE 23c No	ME OF CEMETERY OR CREMATORY	23d. LOCATION	County
OO CBP	(OFECTIV)	8-1-81	Anmony Cem.	LANGOVER	P.S. Mil
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR	for & Sons 492 8 ADDRESS	N. E 250. DAT	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE



		1,#	FOR	9/8/81 kan		OF MARYLAND ALTH AND MENTAL I	HYGIENE	1 0 7	1 0
,D			STATE REGISTRAR	MED	ICAL EXAMINER	'S CERTIFICATE	OF DEATH REG.		1 0
10	20 8 12 8 17		EASED NAME FIRST HOPPING	in Alon	20 Ou	lens Jr.	20. DATE KNOWN OF ESTI- DEATH MATED	19 MONTH DAY	YEAR 26 HOUR
	N STREET	3. SEX	Take Black	S. DATE OF BIRTH	1928 6. AGE (IN YEARS LAST ARTIDOY) YRS.	IF UNDER 1 YR. IF UNDE	R 24 HRS. 26. DATE MIN. PRONOUNCED DEAD	7-6 19	8/ 45 M
	(W)5	7a BI	RTHPLACE (STATE OR PEIGN COUNTRY)	76. CITIZEN OF WHA	u dddining,	AARRIED NEVER MARI	RIED DINCE	Y OR COUNTY OF DEA	TH MD.
	A MAGE	ID. CI	TY OR TOWN OF DEATH Cheverly	11. NAME OF HOSP	ITAL, NURSING HOME, O	OTHER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND (OF BUSINESS DUSTRY
21201	ANY DEL	USU A 13a. S			RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Chevery) 3d INSIDE CITY LIMITS?	13e. STREET ADDRESS	CL	-116
E. MD.	MAN AND SERVICE THE PROPERTY OF THE PROPERTY O	14. F/	THER'S NAME FIRST Herman A	WIDDLE	Owens Sr.	15. MOTHER'S MAID FIRST Lenora	DEN NAME MIDDLE	LAST Alste	~~
LTIMOR	WE PAGE WE PAGE 1 FORM GES 1 A SION OF	[Y	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	183-22-027	D. 17. INFORMANT	.Owens Conley	ESS	mberland
RDS, 201 W. PRESTON ST.,	SXECUTED WITHIN 24 HOUR NG" IN PENCIL IN TEM 18. CAL EXAMINER ALONG WENCEL EXAMINER FROM THE AND MENTAL HYGENE DATION, OR REMOVAL		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (a) (b) DUE TO, OR A	A CONSEQUENCE OF		reulas dis	LO-LE BETWEEN	XIMATE INTERVAL 1 ONSET AND DEATH
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED TIME THE WORD "PENDING" IN P ED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION,	MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTO	/
ON OF VI	FICATE SHO THE WORD TO THE CHII FOULD BE US RATMENT OF OR TO BURN	CAL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY YEAR	E) 6. HOW INJURY OCCURR	RED LENTER NATURE OF INJURY IN ITEM		
DIVISI	HIS CERT WRITING ARDED AGE 3 SH ATE DEP	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE [AT WORK AT WORK		FINJURY (AT HOME, DRY, FARM, ETC.)	If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
•	MEDICAL EXAMINER: T CUTE THE CERTIFICATE, SE 4 SHOULD BE FORM FUNERAL DIRECTOR; P TER DEATH, WITH THE ST TIMORE, MARYLAND; 2		22a. I certify that I took chargedeath resulted from: Natural ACTUAL SIGNATURE		ribed obove, held an Accident , Suicid	Autopsy , Inspecti	on , Inquiry , Undetermined manner .	ond in my opinion DATE SIGNED 7 - 2	7-81
	TO MEDIC EVECUTE PACE 4 S TO FUNE BATTER DE		EXAMINER'S NAME Augus				ayburn Ct., Can	np Springs M	ld.
Feh	4200 BP-00	(URIAL, CREMATION, REMOVAL Burial	7/11/81	Chelten	Hill Cemeter	V	COUNTY	Pa.
	DHMH-17 (VR A15 ME (5)) 15M 2/80	-	uneral director lliam C. Brown	1 206 V	North Ave		R 1001 2	nu Que !!	7

The same of the last war. . Decad believe believed See State of the S Edit. A. more. THE SHEET OF THE STATE OF THE S The state of the s Junia 7/11/31 Chellen Hill Company sein. ALEM J. Brown 1986 . North LVG.

8			FOR	D	STATI PEPARTMENT OF H	OF MARYLAND	AL HYGIENE		0 7 1	
~			STATE REGISTRAR	MED	DICAL EXAMINE	R'S CERTIFICAT	E OF DEATH	REG. NO.	201	100
	EF. S. S. EF.		E OR PRINT)	nny dee	Paden	LAST	20. DATE OF DEATE	H MATED	7-18 198)	2b. HOUR
	SARY, PLEASE MCDIRECTOR. EXCUR FILES. HIN Z'HOURS STON STREET,	3. SEX	Vale Blace	S. DATE OF BIRTH MONTH DAY 9-5-5	YEAR LAST BIRTHDAY	MONTHS DAYS HOL	NDER 24 HRS. 2t. DA	UNCED	-18 1981	23 HOUR 256
•	PRESID	FO	RTHPLACE (STATE OR REIGN COUNTRY) S.C.	U.S.A		MARRIED NEVER A	MARRIED W	more city or co	OUNTY OF DEATH	MD.
	12 A 74	10 CI	CHEVERLY	11. NAME OF HOSE	PITAL, NURSING HOME,	neval Hory	17a USUAL OCC FOR MOST OF W	UPATION (TYPE OF W ORKING LIFE)	VORK 12b. KIND OF B OR INDUS	
21201	ANN D AND 3 RETAIN	USUA 13a. S	LESIDENCE (IF IN NURSING TATE 13b MD. 13b	COUNTY RINCE GEORGE	E RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN LANDOVER	13d. INSIDE CITY LIN	130 STREET ADD	RESS LLE HAVEN	I DRIVE #3	302
RE, MD.	PM 3. 2. 2. NND 2 SI VIND 3 SI VIND	14. FA	THER'S NAME ROOSEVELT	MIDDLE	PADEN	15. MOTHER'S / FIRST ELLE	MAIDEN NAME	MIDDLE	WOOD	
BALTIMORE, MD. 2120	AFTER DE IVE PAGE H FORM H FORM SION OF		AS DECEASED EVER IN L S. NO. OR UNKNOWN) (IF	J.S. ARMED FORCES? res, give war or dates)	166 SOCIAL SECURITY	NO. 17. INFORMANT	T	ADDRESS 1921 Bell	Le Haven D)r.,
ORDS, 201 W. PRESTON ST.,	SE EXECUTED WITHIN 24 HOS ENDING" IN PENCIL IN ITEM 18 MEDING. LEXAMINER ALCING AS A BURIAL TRANSPERPORT AS A BURIAL TRANSPERPORT OR REMOVAL.	2	Conditions, if ony, gove rise to imm cause (a) stoting the lying couse last.	MEDIATE CAUSE (o DUE TO, OR o which hediate (b)	AS A CONSEQUENCE OF		The head		BETWEEN ONS	NE INTERVAL
/ITAL REC	ROLL NUSED OF HE	CERTIFICATION	190 DATE OF OPERATIO	N 196 CONDITI	ION FOR WHICH OPERA	TION WAS PERFORMED	?	37.7	20 AUTOPS	
DIVISION OF VITAL RECORDS,	S CERTIFICAT RITING THE V RDED TO TH DE 3 SHOULD TE DEPARTME OI PRIOR TO	MEDICAL CER	210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU 21d. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK	SE OF DEATH P.M.	MONTH DAY YEAR 19 FINJURY (ATHOME, DRY, FARM, ETC.)	Sikei Sandwo	URRED LENTER NATURE OF LICES OF BUILDING	TOWN ONLY	OR PART 2)	P.GLO
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAC AFTER DEATH, WITH THE STA			k charge of the remains desc	ribed obove, held on Accident , Suici			monner .	DATE 7-16	9-81
	MEDIA KECUTE AGE 4 S FUNE FTER DE	1	EXAMINER'S NAME (TYPE OR PRINT)		Wrighez, M.		09 Rayburn		Springs,	Md.
34	PACTO PACTO	{:	JRIAL, CREMATION, REMO PECIFY) BURTAL	7/23/81		TERY OR CREMATORY MEMORIAL, PA		OVER, 1	P.G. MI	STATE
Leh	DHMH - 17 (VR A15 ME (5))	-	UNERAL DIRECTOR WAME HALL BROS. F	UNERAL HOME	621 FLA. AV	110	JUL 2 2 1981	RAR 211 REGISTR	SIGNATURE MARTIL	

Dering over little 1945 Keller 4- 2 24 22 they all served and the good Roph Shot among The Keep! The state of the first of the state of the s

1						MARYLAND				
62	1 - 3	FOR STATE REGISTRAR				ERTIFICATE	OF DEATH	1	931	2
阿里利黎 巴	1. DEC	CEASED NAME FIRST E OR PRINT) C740194	Vinces	WIDDLE	11120	LAST	20. DATE OF	REG. NO. KNOWN MONIESTI- MATED	-/3 19 8/	26 HOUR
JONE FILE ON STREET	3 SEX	ale White	DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRT	YEARS IF UN	DER TYR. IF UNDE	R 24 HRS. 2c. DATE	7-1	13 1981	14/9008 M
(1) / 2	Was	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.A.		WIDOV		CED D PIN	THE TEN	ges	MD
\$29 8874	C	ty or town of death heverly Md	11. SHAME OF HOSP	LOGINE STREET ADDRESS	enen	IER INSTITUTION	FOR MOST OF WOR	PATION (TYPE OF WORKING LIFE)	OR INDUSTR	RY
AND 3 RETAIN PRECORD	IJo. SI	LERESIDENCE (IF IN NURSING HOME CALL)	TY CO MO	Chever	ly	13d INSIDE CITY LIMITS?))129 La	ürel Av	e,	
PAIRE, MD		George T Par		LAST			Parezo"	IDDLE	LAST	
RS ATTER I GIVE PA MTH FOR PACES I DIVISION C	16a. W	VAS DECEASED EVER IN U.S. AR	WED FORCES? WAR OR DATES)	217 92	0717	Mr Ge	rge T Pa	rezo Fa	ther	
ON ST.	7	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) MMEDIA	D BY: TE CAUSE (o) DUE TO, OR A	S A CONSEQUENCES	at	ion L	Paurel Wast	Ave, Che	BETWEEN ONSE	AND DEATH
ECORDS, 201 W. PREST O BE EXECUTED WITHIN SHOULD WEDICAL EXAMINER AL AS A BURLAL - TRANSIT ATTH AND MENTAL HARD SERVATION, OR REMO	z	lying cause last. PARI 2 DINER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).			
OF VITAL RECORD ATE SHOULD BE EXTENDED THE CHIEF MEDIC JLD BE USED AS A B MENT OF HEALTH TO BURIAL, CREMA	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OF	PERATION W	AS PERFORMED?			20. AUTOPSY?	NO (4)
DIVISION OF VITAL RECORDS, 201 W. PRESTING CERTIFICATE SHOULD BE EXECUTED WITHIN WRITING THE WORD "PENDING" IN PENCIL MADED TO THE CHIEF MEDICAL EXAMINER AND ES SHOULD BE USED SAS A BURAL - TRAIN STATE OF HEALTH AND MENTAL HEALTH HEALT	MEDICAL CER	210 EXTERNAL CAUS WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 INJURY OCCURRED	DEATH P.M.	MONTH DAY YE 7 13 19 INJURY (ATHOME RY, FARM, ETC.)	81 A	OW INJURY OCCUR	RED LENTER NATURE OF IN	THE CONTRACT CONTRACT OF	hele af	esp
I S A S E	W	WHILE NOT WHILE AT WORK AT WORK	10	me	31		rel Arenu	Cheurs and in my	apinion /	res
TO MEDICAL EXAMINER: THIS CENTRE THE CERTIFICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE BATTIMORE, MARYLAND, 21201				Accident ,	Suicide	Hamicide TITLE (SPECIFY)	Undetermined me	onner .		3 - 87
MEDICA ECUTE TH YGE 4 SHG YOUNERA THE DEAT	-	EXAMINER'S NAME Augu	sto P. Rod		.D.	ADDRESS 5009	Rayburn Ct	., Camp S	prings, M	
42 PA PA PA BP	{5	urial, cremation, removal Burial	7/16/81	. Georg		r CREMATORY Lington	23d LOCATION CITY OR TOWN	G. Coun	ty Md st	TATE
DHMH-17 (VR A15 ME (5)) 15M 2/80	24. FL	UNERAL DIRECTOR W.K.]	luntemann	1 5732 Geo	rgia	Ave,	PED: AY REGISTRA	R 256 REGISTRAR	GNATURE	U apa
					11000					

The state of the s The to be for a since against the whole # 12 has to a september 102 a Life the Car of the Lave Regular Section 1

40	1			STATE OF MARYLAND		45 1 2 8 (1)3
	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8	9 3 3
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME, FAST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
moy be page 3	111111	TERN	F. 701	PISCAU	7	31 81 5:36P M
a di di	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
of of		Temale	Caucasian	Jan. 28 1905	76 YRS.	MONTHS DAYS HOURS MIN.
2 min V/-	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
	_	Wash., D.C.	U.S.A.	WIDOWED DIVORCED	Pr.Geo.	MD.
La La	10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
100 00 11 1/2		Riverdale	Leland Memorial	Hospital	Hethor Book BI	Horimerkle Press
212 hou hou	J&U 3a. 5	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	(E ADMISSION)	122 STORET ADDRESS	
ND 24			Geo. Hyatts	ille YES A NO	13. STREET ADDRESS 35th	Place
tely 2 sh	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
MAR mplet ond		Charles	J. Schm:	itt Mary	R. B	artholmew
0 - / -		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		1000555	
IMORE oe execu n ond c Poges	(YES, OO ORUNKNOWN) IIF YES, GI	IVE WAR OR DATES) 577-26	-3037 Regina F.	Day - St., B:	722-Shepherd rentwood, Md.
BALI ore l opers ool. t, the		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), a	od (c).)	// , 1	APPROXIMATE INTERVAL BETWEEN ONSPT AND DEATH
T., I		PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (0)	woman L	locident	3 dans
orbic or recent		4009	DUE TO, OR AS ACONSEQU	ENCLOS - 10	, , ,	
PRESTON ne death o trave cort notion, or		Conditions, if any, which	(16) FUIDE	tensure Cara	inors Onle lesus	1 /0 epan
the of the or tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENICE OF		/
hot hot by ose other		underlying couse last	DOE TO, OR AS A CENTRE OF	ENCE OF		
gned n ple	100	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1/o
RDS equi	NO O					
RECORDS low requirements of the prior to the prior to the second in the prior to t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
	TE	THE RESERVE	AL STREET, STATE OF			FYING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offereding physicion ther this certificate has the burial-transify the and Mental Hygies have don't fem 18 shoot or fem 18 shoot or fem 18 shoot has a shoot or fem 18 shoot hygies have don't fem 18 shoot has a shoot or fem 18 shoot has a shoot fem 18 shoot	T W	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
ON OF TYSICIA ding ph is certification of them of the o	N N	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
HYS Iding con it	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
DIVISION OF PORT OF PRINCE PRI	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
D DIN or see of the most of th			when ottended the deceased from	1005	to 7-3/-	190 , that (I) (we) last
TEN or of He			of view the bady ofter death.		death occurred an the date and hou	
R All hosp REC Ppt. em :		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		122: DATE SIGNED
the the contract of the contra		/ /11011	11/1/1/201	ATTENDING	MEDICAL STAFF	7/3/81
SPITAL d by th NERAL be deta e Stote	10	22d. PHYSICIAN'S NAME (TYIT	CAPERITY ALL	220 ADDRESS	DIRECTOR PHYSICIAN	170101
to HOSPITAL TO FUNERAL Should be detrive the Store with the Store						
Of Start M	23- 5	BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	1236 LOCATION	
6000	230	SPECE Burial	0 4 4 . 0		CITY OR TOWN	COUNTY STATE
BP		UNERAL DIRECTOR Nall	-7-7-7-30	ate of Heaven	em. Silver/Springers	
DHMH-16 30M 2/80 (VRA 15, 4)		NAME WALL	ey's F.H.Inc.	Mt.Rainier.	The state of the s	C. T.

			ATACAS IN			
					1.1.2	
			Tip-	Total of		
		led ted				ę p
	4 - Se					
	The state of			1-Set-		
	on Coldra		NA.			
	2			T		
31						
	JES SEE		Environment			

.

Cheverly, Maryland

- STATE

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

R. Hagaman

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH

2h HOUR

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL

REFORE

COUNTY

RAR'S SIGNATURE

Vance (c)

BORTH

SOME TIMES

STATE

STATE

N/A

3:13A

IF UNDER 24 HRS

16

81

IF UNDER 1 YEAR

INDUSTRY

WINDEAR

AVI. THE AVE. DETIRED DESCRIPTION OF THE PROPERTY OF THE PROPE end the transfer of the contract of the contra THE RESIDENCE OF THE PARTY OF T

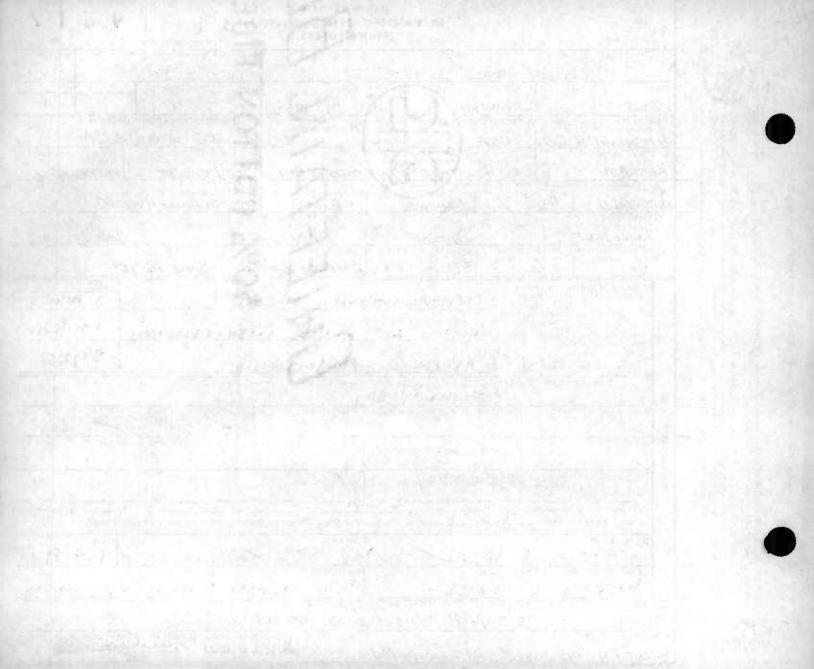
		FO	m + < < <	a riim o		0/11/				ARYLAND AND MENT	AL HYGI	FNE .		3 27			p ===
	24	ST/	ATE GISTRAR							RTIFICAT		11-6	REG. N	10	0		3
E		I. DECE	ASED NAM	E FIRST			MIDDLE		LA	IST		2a. DATE	KNOWN	MONTH	DAY	YEAR	2b. HOUR
	SE ES. ET,	(11720)	ransi,	GEOF	RGE		М.		PA	ARKS		DEATH	ESTI-	Ju:	LY 1	9,81	12:15
	SSARY, PLEASE LAL DIRECTOR. R YOUR FILES. HIN 72 HOURS STON STREET,	3 SEX	ale	While	MON		YEAR	LAST BIRTHD.	ARS IF UND AY) MONTHS RS.	DAYS HOU	NDER 24 HR	PRONOU DEA	D Jul	N-1/		1981	2d HOUR,
	A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				JULY 10, 1917 4 YRS. DEAD JULY 1 DEAD JULY 1 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO								OR COUR	NTY OF DEATH		
		New Jersey R CITY OR TOWN OF DEATH				U.S.A. WIDOWED DIVORCED PRINCE GEORG									7410.		
	F S S S S S S S S S S S S S S S S S S S	_ La	ure1		GR.	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GREATER LAUREL BELTSVILLE HOSPITAL Natl. Sec. Age OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									ency Civil Ser		
5	IF ANY DELA 2, AND 3 TO 3 RETAIN PA SHOULD BE LI PECORDS.	13a. STAT		13b COUL		INSTITUTION, GR	13c. CITY			Id. INSIDE CITY LIM	AITS? 13e. S	STREET ADDR	RESS				
21201	SHO SHO		1d.	P.(g.		Lau	rel					Briar	wood	Dr	ive	20708
WD		I4. FATH	ER'S NAME		MIDDL	E	L	AST	1	5. MOTHER'S A	MAIDEN NA	ME	MIDDLE			LAST	
OR E,	D WITHIN 24 HOURS AFTER DEATH ENCIL IN ITEM 18. GIVE PAGES 1, WINNER ALONG WITH FORM PM "TRANSIT PERMIT. PAGES 1 AND 3 ENTAL HYCIENE, DIVISION OF VITH REMOVAL.		tric	K DEVER IN U.S. AF	PMED EC	DCES2		rks AL SECURIT	V NIO	Delia			ADDRES	Bre	nna	n	
BALTIMOR		(YES, N	NO, OR UNKNO	WN) (IF YES, GIV	E WAR OR I	DATES)			1010	-							
BAL		Y∈ 118		F DEATH (Enter a					-5/UB	Mary	Lin_E	arks	Same	e as		PPROXIMATE	FINTERVAL
ST.,			PARTIDE	ATH WAS CAUSE	ED BY:	Xh	terra	mel 1	atio	Card	MUR	ocule	v de	2.60-2	BET	WEEN ONSE	T AND DEATH
PRESTON ST			43	9 JIMMEDIA	ATE CAU	DUE TO, OR	1	EOUENCE		-0000							
RES				ns, if ony, which		(b)											
3	DIED WARENCE EXAMINE IAL-TRA		couse (o)	stoting the under		DUE TO, OR	AS A CONS	EOUENCE	OF.	Stable							-
301	7 - 80		lying cau			(c)	72.4				1		M.L.				
CORDS,	"PENDING" "PENDING" SED AS A BUI HEALTH AND CREMATION,		RT 2 OTHER SI	GNIFICANT CONDITION:	CONTRIBL	ITING TO DEATH I	BUT NOT RELATE	D TO THE TERM	INAL DISEASE O	R CONDITION GIVE	N IN PART 1 (a).						
LRE	HIEF A USED OF HEA	CERTIFICATION	o. DATE OF	OPERATION		196. CONDIT	TION FOR W	HICH OPER	ATION WAS	PERFORMED	?		N. A.	195	20.	AUTOPSY	?
ATI.		E L					THE STATE					100				YES 🗌	NO D
DIVISION OF VITAL RECORDS,	5109\$t	CAL	NDERLYING ONTRIBUTION	NG CAUSE OF	DEATH	216 TIME OF HOUR A.M P.M.	. MONTH	19	21c. HOV	V INJURY OCC	URRED (ENT	TER NATURE OF IN	VJURY IN ITEM TO	PART 1 OR P	ART 2)		
DIVIS	R: THIS CERTII DRWARDED T DRWARDED T S: PAGE 3 SH E: STATE DEPAI 21201 PRIOR		d. INJURY C	110711111		21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC		21f. LOCA STRE			CITY OR TO	NWC	C	YTAUC		STATE
•	EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,	1	22a. I certificath results	fy that I taak char ed from: Note	ge of the	101	Accident (, Sui	Autopsy	Homicide (FY)	, Inquiry	nanner .	nd in my o		1 7 <i>-</i> +4	9th
	MEDICA CUTE THE E 4 SH FUNERA IMORE	EX	AMINER'S	NAME Aug	usto	P. Ro	. //	ez, M.	D . An	Deput 5009		urn Ct		SIGN	ED	ls, M	d.
,0	BP	23a. BURI.	AL, CREMA	TION, REMOVAL	23b. DAT	E 22	23c. N/	AME OF CEA		CREMATORY	23d. T	LOCATION	n Br	iato	UNTY	Ma	ATE SS .
the	DHMH - 17	24. FUNE	ERAL DIREC	TOR	- J U.	LY 23	7601	Sand	oseph	is Gam	ALE REC'D.	BY REGISTRA	AR 25 REG	SISTRAF'S	SIGNA	LIRE	7
	(VR A15 ME (5)) 15M 7/77	rTG	CK L	aurel E	•н.	, The	Lau	reI,	ly Sp	207875	JUL 2	1 1981	fren	Je Store	1	-	

and the research of the property of the control of A STATE OF THE STA e salia india ni luari birnot rotti, il alla "gesoviatari si vincino di Aries i Iota rtol The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN 26 HOUR (TYPE OR PRINT! OF EST1 FILES. EVELYN G. PEABODY DEATH MATED 3. SEX 4 RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY) PRONOUNCED Female Cau 191 June 8 DEAD 70 YRS 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY MARRIED NEVER MARRIED Prince George's Virginia USA WIDOWED DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION O'NITAL RECORDS, 201 W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

Clerk -Brenner Street OR INDUSTRY 5501 Capitol Hgts Ed. Assc. Nat' USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr Geo Capitol 13d. INSIDE CITY LIMITS? 5501 Brenner Street Maryland Hqt 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ennis Lewis Wright Gertrude 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN LIEYES GIVE WAR OR DATES Harry R. Peabody Same as #13 No 18 CAUSE OF DEATH (Enter only one couse per lip@ for (q), (b), and (c).) 3 SHOULD BE USED AS A BURRAL TRANSIT FERMIT.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI
PRIOR TO BURIAL, CREMATION, OR REMOVAL. tenoscillotre Olerans tros cule IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A ICATE, WRITING THE WORLD TO THE TOR: PAGE 3 SHOULD B 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 11. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 20July81 Ft Lincoln Cemetery Brentwood Maryland Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR Robert E **DHMH-17** Many Suitland Maryland (VR A15 ME (5) 15M 2/80

42	1	FOR			STATE OF MARYLAND	cirur () (1 9 7	1 7
	1	- STATE REGISTRAR			OF HEALTH AND MENTAL HYP RTIFICATE OF DEATH	GIENE & REG. NO.	1 7 0	
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MO	NIH DAY YEAR	26 HOUR
分成別)		Richar	d Scott	July 3 1	981	5:42A M		
	3 SE	X	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD		AR IF UNDER 24 HRS
7	r	NALE	CAUCASIAN	J	AN 14 1934	47	YRS. MONTHS DAY	S HOURS MIN.
A 49	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OLINITOV2 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR C		
1 11 11	14	PASHINGTON D.C.	USA		OWED DIVORCED	PRINCE GE	ORGES C+	4 MD
1 1 10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		ME OR OTHER INSTITUTION	12ª USUAL OCCUPATION		OF BUSINESS OR
5 1 1 W	14	ANHAM			NCE GEORGES CHY	VICE PRESIDENT		GRAPHY
212 de 10 de	USU I3a	AL RESIDENCE (IF NURSING HOME C STATE 13b. COL	OR OTHER INSTITUTION GIVE RESID			13e STREET ADDRESS		
日 日 村 100	m	ARY/AND PG	10	BROOK	YES NO	7016 St. ANNS	AUENUE	
PATE OF THE PATE O	14. F.	ATHER'S NAME	MIDDLE	LAST	15. MÖTHER'S MAIDEN NA	AME		LAST
b and and		LAWRENCE	PEN	KERT	MARY	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE S	SHERI	FF
IMORE,		WAS DECEASED EVER IN U.S. A	12221 2 20 2 2111 312	CIAL SECURITY I		ADDRESS		
BALTIMORE cate be execu- spers. Pages val. t, the medica			A 579	-44-870	BARBARA PENI	KERT SAME	AS 13E	
SALI ote ote ote ote ote ote ote ote ote ote		18 CAUSE OF DEATH (Enter of	only one cause per line for	(a), (b), and (c).)			BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
Triffic rtiffic anpo eman		PART I. DEATH WAS CAUS	ATE CAUSE (D)	wwwgood	whore were	EST	2	HOWR.S
or r		2772	DUE TO, OR AS A C	ONSEQUENCE	OF			110
PRESTON he death c emave cordin matian, ar traumotic		Canditions, if any, which	((b) HED	MIC M	P RENAL 1	NSUFFICIE	Nay "	min gw
. = =====		gove rise to immediate cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE	OF .		0	1120
that that d by ease all, cr		underlying cause last.		approp	AMYLOWE	515	2	765
S, 26 lires gne on ple burn		PART 2. OTHER SIGNIFICANT			BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART	1(0)
ORDs requ	ě			NUPK				
RECORDS, law requir as been sig remnt Then re prior to b	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? 2	Db. IF YES, WERE FINI V CERTIFYING CAUS	DINGS USED
TALR The Lician. The Lician.			LIVERICA			YES NO	YES 🗂	NO 🗆
N Hysica 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	1)
ON OF VI	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	LAIN		19			
PHYS! PHYS! this ce burned Merind Mer	VED	21d. INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVIS P DING P ar after the e as the ofth and	¥	AT WORK NOT WHILE					74	
a o e a o e		220.1 certify that (I) (this has	9 0 61	sed from	-U-K1 19		19	_, that (1) (we) last
Spitol Spitol CTOR Ifor of He		sow the deceased alive a above, (1) (we) (did) (did r	nat) view the body after de	19 oth.	_, and that in (my) (aur) apinion	death accurred on the date	and hour and from 1	he couses stated
h h h		22h SIGNATURE		,	DEGREE		22c. DA	TE SIGNED
7 4 7 4 9 4		you de	E. Vary		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	10 7-	4-81
HOSPITAL ned by th FUNERAL old be det whe Stote		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			
		MURES	C. LXRA	_	9376 LKN	48M- SONDR	N RD,	MARIAR
5 5 5 4 3 8 4 A	23a.	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d. LOCATION		
Feb BP 403	1	BURIAL	6 July 1981	GATE	OF HEAVEN CEMETER	BRENTWOOD	COUNTY	mD STATE
DHMH-16 30M 2/80		UNERAL DIRECTOR		4 DDDrees		TE REC'D. BY REGISTRAR 25	REGISTRATES SHOP	TURE
(VRA 15, 4)	G	PANT F.H. 9013 A	warnlie Rd. L.	pariam /	nd JUL	7 0 1301	mu gang	Season .



			CEASED NAME FIRST	MIDDLE	LAS		20. DATE OF DEATH	MONTH DAY	YEAR 26 HC
deo 3			Inor		PERO			07-30	
(MAI)		3 SE)	male	4. RACE white	9/12/		6. AGE (IN YEARS LAST BIR	THDAY] IF U	UNDER LYEAR IF UND
W)	77		Ttaly	76. CITIZEN OF WHAT COUNTRY USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Prince Ge	_	
by the lutted with	90		Adelphi	11. NAME OF HOSPITAL, NURS	ursing	OTHER INSTITUTION Home	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Steam en		Neimich Brewing
filled in ould be	35	USU/ 13a. S	TATE Md 136 COL	or OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY O Georges Mt Rail	WN - II	136. INSIDE CITY LIMITS? 136. S25501DDRESSeens Chapel Ro			apel Roa
and 2 to	60	14 FA	THER'S NAME Charles Pe	MIDDLE LAST		5. MOTHER'S MAIDEN NA			LAST
Poper 1	1		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (15 YES, C	RMED FORCES? 16b. SOCIAL SEC 579 01		John Perone	Silver S		Md.
frending physics we contemporary on, or removal			PART I. DEATH WAS CAUS IMMEDIA	ATE CAUSE (o) CONG	ESTI	VE HEAR			APPROXIMATE IN BETWEEN ONSET AT 3 KLOUR
equires that the depth control is signed by the ottending physical Then please remove cort emboral to buriol, cemotion, or removal injury, or other troumotic error.		NO	Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause lost.	SED BY: ATE CAUSE (o) CONG	UENCE OF	EROTIC A	EART DISE	ASE	1 YEAR
ne low requires that the beant the beant has been signed by the ottending after the please remove cart in additional transfer the principle bund, cremation, or retroad lows any injury, or other traumatic error the	2	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying cause lost.	DUE TO, OR AS A CONSEON (c)	UENCE OF UENCE OF	EROTIC H	EART DISE	DITION GIVEN	M PART TO
ending physicon. this certificate has been signed by the ottending physicon. this certificate has been signed by the ottending physician burial. Then please remove car encoperate burial-transit permit. Then please removing, cremation, or removal and Mental Hygiene prior to burial, cremation, or removal of or them 18 shows any injury, or other troumatic error.	29	WEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON (b) ARTER DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE THE CONDITION FOR WHICE AND TIME OF INJURY HOUR A.M. MONTH	UENCE OF UENCE OF DEATH BUT N H OPERATION DAY YEAR 19	EROTIC H	AINAL DISEASE OR CONI	DITION GIVEN 206. IF YES, W IN CERTIFYIN YES [14 IN ITEM 18 PART	MART TO
ipplo or otherding physicion. TOR: After this certificate host for use os the buriol-tronsit per of Health and Mental Hygiene 21 is marked or item 18 shows.	29	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a. E certify that (1) (1)	DUE TO, OR AS A CONSEON (b) ARTER DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	UENCE OF DEATH BUT NO THE OPERATION DAY YEAR 19	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET that in (my) () opinion	AINAL DISEASE OR CONI 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OR TO	DITION GIVEN 206. IF YES, W IN CERTIFYIN YES [14 INITEM 18 PART	(N PART 1(0) VERE FINDINGS US IG CAUSES OF DE. NO LOR PART 2) COUNTY COUNTY At the the couses
ysicion. icate has ransit per Hygiene 18 shaws	1		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 210. I certify that (I) (I) 100 MILE AT WORK 220. I certify that (I) (I) 101 MILE AT WORK 221. I CERTIFY INDICATE AT WORK 222. I CERTIFY INDICATE AT WORK 223. I CERTIFY INDICATE AT WORK 224. PHYSICIAN'S NAME (IVER	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 197 CAN MONTH 198 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	UENCE OF DEATH BUT NO THE OPERATION DAY YEAR 19	OT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET that in (my) () aprintance EGREE ATTENDING	AINAL DISEASE OR CONI 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUST CITY OR TO	206. IF YES, WIN CERTIFYIN YES [17 IN ITEM 18 PART	(YEAR) (N PART 1(0) VERE FINDINGS US (G CAUSES OF DE. NO) 1 OR PART 2) COUNTY

		, 540°961		
10		the stage	n+2/hc	9100
Pinnel astron sonts				
naletenti pa galveri (aecalmae anor)		milimum em	(O nous	ida (ni)
Nitrott Caquet 9 (many etc. 1870)		while.	His Seption of	
			6(10/7)	
A larger marketing marketing	poods' mat.	mad to		oil
			ALCOHOL:	
			in The street	100
MAN PROPERTY OF THE PARTY OF				ASSINE.
Tid messoon over bookinst	wantered along	min the part	SDA Legury	5 1 111
the less thank the second	304	the list the	House It is supply	a thurs .

2	1.	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE								9	
205	1-	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	CERTIFICAT	E OF DEA	TH DEC	3. NO.	0 1	-	
		CEASED NAME	FIRST	1903						NY MONTH	DAY YEAR	26 HOUR	
ASE OR. URS	(111	PE OR PRINT)	Tenn								7/9 1981 M		
큐 <u></u> 그 프 O 트	3. SE	X 4. RAG		5. DATE OF BIRTH	6 AGE (IN YE	NDER 1 YR. IF UN		c. DATE	MONTH	DAY YEAR	2d, HOUR		
× 200 ×	F	emale Ne	gro	11-9-	99 92 Y		HS DAYS HOUR	S MIN P	RONOUNCED DEAD	7/9	1981	40 M	
VECESSARY UNERAL DIE FOR YOU WITHIN YE	70 B	IRTHPLACE (STATE OR	7	76. CITIZEN OF WHAT COUNTRY? TE 19 BALTIMORE CITY OR CO						TY OR COUNT			
NECESSA FUNCENA FUNCENA FUNCENA FUNCENA W. PRESTO		North Ca		WIDOWED DIVORCED Prince Geo							e's	MD.	
D. 21201 H. IF ANY DELAY IS NE H. JE AND 3 TO THE FUL 3. RETAIN PAGE \$ 2. SHOULD BE FILED. AL RECORDS, 301 W	ID C	Bladensbu	ath		PITAL, NURSING HOM: CILITY, GIVE STREET ADDRESS) 30 57th St	ER INSTITUTION	FORM		OR INDUSTRY Home				
A TA			JRSING HOME OR	OTHER INSTITUTION, GO	VE RESIDENCE BEFORE ADMISS				Ret.Hous	wite 1			
E AND F AND SHOUL	130. 5	Maryland	P. G	Bladensbu			YES TY NO	S? 13e STRE	- L PULL ELLER CT				
H. IF	14. F	ATHER'S NAME				u ₁ E	15. MOTHER'S M						
ES 1, MD.		FIRST	Unkno	MIDDLE	DIF LACT FIRST						Clark		
Z ORAG Z	16a. V	WAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS				
", BALTIMORE, MD. 21 DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 3 WITH FORM PM. 3. IT. PAGES 1 AND 2 SH DIVISION OF VITAL IR		No	(IF TES, GIVE W	AR OR DATES	226-723	103	Glay	ds Tayl	As #13	.3)			
ST., BA HOURS A 18. G WIT. PA		18 CAUSE OF DEA	TH (Enter only	one couse per line	for (o), (b), ond (c).)						APPROXIMATI BETWEEN ONSE	E INTERVAL	
Z = Z = Z = Z		PARTI DEATH WAS CAUSED BY: MARKEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease									BETWEEN ONSE	TAND DEATH	
		4272		DUE TO, OR	AS A CONSEQUENCE	OF						714	
A NOV	18	Conditions, if gove rise to	immediate	(b)					56.00				
O1 W. PREST UTED WITHIN N PENCIL IN EXAMINER A RALTRANSIT NAENTAL HY OR REMOVAI	100	lying couse lost		DUE TO, OR	AS A CONSEQUENCE	OF					- D		
	1			(c)									
0 200	Z	PART 2 OTNER SIGNIFICAL	NT CONDITIONS <u>CD</u>	NTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	IINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 (a).				York o	
AL RECORI	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER	ATION W	'AS PERFORMED?				20 AUTOPSY	?	
A SEEDA	F										YES 🗆	NOXIX	
DIVISION OF VIT	1 2	216. EXTERNAL CAU		216. TIME OF	INJURY MONTH DAY YEAR	21c. H	OW INJURY OCCU	IRRED LENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR PART			
N JESC ON THE COUNTY OF THE CO	S S	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAT TEAT								
DIVISION S CERTIFIC RITING TH ROBED TO E 3 SHOUL E DEPART	MEDICAL	216 INJURY OCCUR	RED		OF INJURY (AT HOME,		CATION	THE RES	CITY OR TOWN	COUN	17M	STATE	
PIS (FE, WRII) ON SE, THIS (FE, WRII) SRWARD SRWARD STATE STATE	2	WHILE NOT AT WORK	VORK		ont, that they		,,,,,,,		CITORIOWN	Coor	411	SIAIE	
mi & Si		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inspection . Inspection . Inquiry . Inq											
EXAMINER: CERTIFICATION DID BE FOR WITH THE: WARYLAND, 2	03	death resulted from	n: Noturol	couses XX,	Accident Su	icide	, Homicide	7 22	mined monner],			
EXAMILE BE DIRECT WILD BE DIRECT WITH AMPHILA			Duce	- LAV	2 /		TITLE (SPECIF)	′)					
A HE O	1	SIGNATURE	jugas	w x x	rougus	N	Deputy	MEDIC	AL EXAMINER	DATE	7/9/19	981	
DEA SET TE TE TO TE		EXAMINER'S NAME	1		110								
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNENT D ATTER DEATH BALTIMORE, MA		(TYPE OR PRINT)	Augus		dbiguez, M.		ADDRES 5009			emple H	ills, Mo	1	
AP T P A T P A P A P A P A P A P A P A P	23a. B	URIAL, CREMATION	REMOVAL 236	July121	98 Dancy	METERY C	R CREMATORY	23d. LOC CITY OF	NWOTS	COUNT		TATE	
BP	24 E	UNERAL DIRECTOR		oury TZT	Dancy	Celli				Edgecome	e Co N	C	
Jeh DHMH-17 (VR ATS ME (5))	24 1		7 Cham	ADDRESS			250. D/	1 A 40A	REGISTRAR 256. F	IEGISTRAR'S SK	DNATURE		
15M 7/77		W • V	· Cham	bers Co.	Riverdale	Md.	JUL	1 4 19	Man	u dans	Vastle.	1.4.9.00	

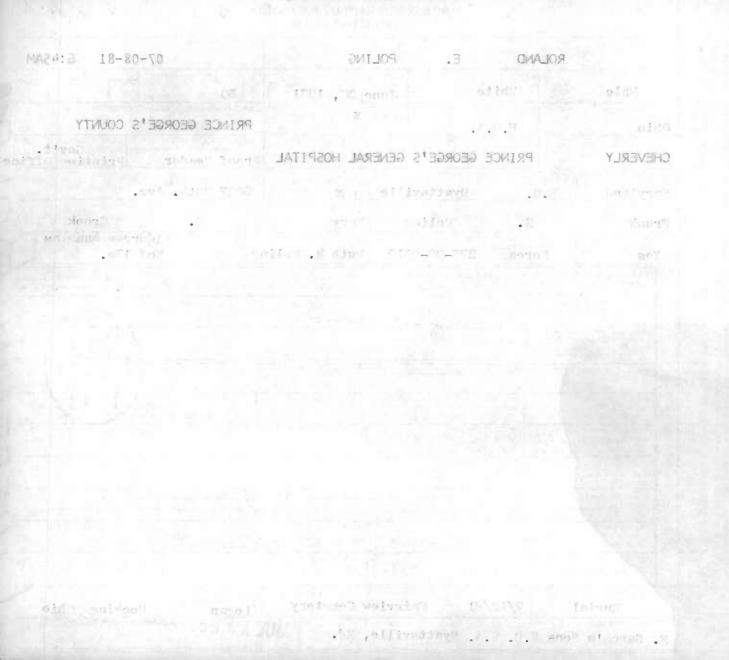
TURN IT READS TO SEE ENDING ACTION OF A STATE OF THE STA .P.L.J Angerra Spect I a fallone of the start of the lar The state of the state of aron Tolly Telly to the Telly to The Manual Company of the Company of .63 .357 Love of emburgs discinn The Carlot Course of the Cours the Carterian on the same and the little of the same and the same and

	F-F-D-(i		
18	8 1,695	domai	Caucacian	
	×			alus: Capa
Palagraph Open. Nambers Holl				
bood smithy bood		RYLLY	007 9370	ryland TE.
Triencum	and the	3770		John
erzz Listrict beights, c.	i o diceci	09-91.77	om (1) pm	No.
MANAGE EN X		K 18.		3425
	WARRENT FROM		of M. America	A
meed Hidney, Oxon Hill, Nd.	THE LOCK		•4 • 1 • 4 • 5 • 6 •	AND MOLLIAN

14	1 - STA	TE TIM	3558		DEPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H		19	321
24 4 2 5	1. DECEA	SED NAME	m 18a FIRST		MIDDLE A.	POIS	CERTIFICATE C LAST SON	20. DATE KNO' OF ESI DEATH MAT	Th = _	DAY YEAR 25. HOUR 1y 10, 81 M
	3. SEX Mal		ACE /hite	5. DATE OF BIRTH	1921 60	PARS IF UNDAY) MONT		24 HRS. 20 DATE MIN. PRONOUNCED	July 1	0, 19 81 6 PM
NECES FUNE S S TOR	Cana	n COUNTRY)		U.S.A.		WIDOW		ED Princ	e George	
DELAY IS NI S TO THE FU BE FILE DS AS N.	Нуа	ttsvill	.e	3819 O	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS glethorpe	Stree		FOR MOST OF WORKING LIKE)		
PECOLD FECOLD	Mar Mar	yland	13b. COUN'	r other institution, gr TY Ce Geo.	residence before admis 13c. CITY OR TOWN Hyattsvi		13d. INSIDE CITY LIMITS? YES NO	3819 Ogle	thorpe S	treet
AATH VIII	Geo	0		WIDDLE	Poisson		15. MOTHER'S MAIDE FIRST Bernade	MIDDLE	J	acques
FIE PON ION	160 WAS	DECEASED EVI D. OR UNKNOWN)	ER IN U.S. ARA	AED FORCES?	004 14 16		Blanche A.		Same as	#13 (Wife)
301 W. PRESTON ST. CUTED WITHIN 24 HO IN PENCIL IN ITEM 11 I. EXAMINER ALONG URIAL-TRANSIT PERMIT UD MENTAL HYGIENE, U, OR REMOVAL.	PAI	Canditians, it gave rise to cause (a) statillying cause la	IMMEDIAT f any, which a immediate ing the under- st.	DBY: E CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE Ethylism AS A CONSEQUENCE ON THE TELEPLOTOR THE TELEPLOT TO THE TELEPLOT	OF	OR CONDITION GIVEN IN PAI	te and Chro	onic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF VITAL RECORE ATE SHOULD BE E WORD "PENDIN THE CHIEF MEDIN THE CHIEF MEDIN THE CHIEF MEDIN BURRAL, CREMATIN	TIFIC	DATE OF OPE			ION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY? YES NO NO
VISION VISION (VISION OF THE ING THE I	EDICAL Spiral	DERLYING DERLYING DERLYING DERLYING DERLYING DERLYING DERLYING DERLY OCCU	OR CAUSE OF D	P.M. 21e. PLACE C	MONTH DAY YEA 19 OF INJURY (ATHOME.	21f. LO	CATION	NI YRULHI PO BRUTAN RETHE).		
REDICAL EXAMINER: THIS UTE THE CERTIFICATE, WE UNERAL DIRECTOR: PAG R DEATH, WITH THE STATI MORE, MARYLAND, 21201	AT do	22a. I certify the eath resulted fro	Noture Nature	e of the remains desi	ory, FARM, ETC.) cribed abave, held an Accident , S odriguez, M	Autap:	Homicide (SPECIFY)	Undetermined manner MEDICAL EXAMINER		
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	230. BURIA	LCREMATION	REMOVAL 23	7/14/81	23c. NAME OF CE Ft. Line	METERY O		23d. LOCATION CHYOR TOWN Brentwood	P.G. COUN	Maryland
DHMH - 17 (VR A15 ME (5)) 15M 7/77					ral Home,		Mr.	EC'D. BY REGISTRAR 256	REGISTRAR'S SI	GNATURE

to to full			7 1111	
S R . (III with		ď		ofet
A927000 90H39		0 4		
	3 - 4.17	omo italia l	r.····	
The Distriction of Secretary	v = 0(1)	valstovil	vertice theo.	her free 2
Annudal Jacques		counter		037000
tratate an age - agentat ./ of	Seall BRO	1 21 700	7.5	no.V
7 2				
- N-Y	1447,43	Section 1	The F	APP E
Programme County County Services	1.1.	Santa fation	. 0 0 10 11	

	DECEASED NAME			CERTIFICATE	OFDEATH	REG. NO.		
	TYPE OR PRINTS	ROLAND	MIDDLE E.	POLING		20. DATE OF DEATH MONTH	7-08-81	26 HOUR 6:45AM
3	SEX	4. RACE	E.	5. DATE OF BIRTH	+	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	,
	Male	White	e	June 20	DAY 1931	50	MONTHS DAYS	HOURS MIN.
17	BIRTHPLACE (STATE OR FO COUNTRY) Ohio	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8	DIVORCED	PRINCE GEORGE	NTY OF DEATH	Υ "
27.11	CHEVERLY	H 11. NAME OF	HOSPITAL, NURSING BEORGE S	IG HOME OR OTH		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND INDUSTRY Print	of BUSINESSO Gov't. ting Off
25	SUAL RESIDENCE (IF NURSIN 30. STATE 1 Maryland	IG HOME OR OTHER INSTITUTION 36 COUNTY P. G.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hyattsv		SIDE CITY LIMITS?	13e STREET ADDRESS 6027 20th. An		
18/ ./	FATHER'S NAME FIRST Frank	MIDDLE S •	Polin		THER'S MAIDEN NA	MIDDLE .		ook
16 Dipau	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) YES	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Korea	275-28-9		th R. Poli	7-	dress Sa # 13e.	ime as
ws ony injury, or othe	PART 2. OTHER SIGN I 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER	last. (c) IFICANT CONDITIONS C	ONTRIBUTING TO I	<u>DEATH</u> BUT NOT RI		IN CE	FYES, WERE FIND ERTIFYING CAUSE	INGS USED
_	OR CONTRIBUTION TO CA	SUSE OF DEATH HOUR A	M. MONTH DA	AY YEAR	OW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEA	YESA T8 PART I OR PART 2)	но 🗌
a x	(IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHRL AT WORK	D 21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY	STATE
With the Stote Dept. of Health	22a.l certify that (l) (t saw the deceased above, (l) (we) (did 22b. SIGNATURE	this hospital) attended the dalive on discount of the body	ofter death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	haur and fram th	E SIGNED
		EMOVAL 236. DATE	To.	LAME OF COMPTO	RY OR CREMATORY	23d LOCATION		



trob to medeny dang Co(. Valley ... had nobit tours revised . Writers Dec. Blochesters . 1 often as an armon . might been some off warmer To the deal or in the late of change in the bound funding flowers than a company

Christophe williams in the

X	1)	1							e 1	1 0	2 13	4
0 -	10		FOR STATE)	1 4	0 6	B-4
	1 8 2 21		REGISTRAR	Diane C. Proctor Proctor Proctor Proctor Proctor Proctor Proctor Proceedings Proceding Procedi								
			EASED NAME	FIRST		MIDDLE	LAST		20. DATE KNO	WN XX MONTH	DAY YEAR	26 HOUR
	18 S S E	(119)	OK PRINT)	Diane		C.	Procto	r	DEATH MAT	TED 7	2619 81	M
	PLEASE ECTOR. PILES. PHOURS	3. SEX		RACE	5. DATE OF BIRTH	6. AGE (II	YEARS IF UNDER 1 YR.	IF UNDER 24 HRS.			DAY YEAR	3:40
	ZZZZZ	F	emale	Black	TO AL O			HOURS MIN.	PRONOUNCED DEAD	7	2619 81	3:40
	GESSARY, VERAL DIR OR YOUR PRESTON		RTHPLACE (ST						9. BALTIMORE	CITY OR COUN		- M
	SE SE		REIGN COUNTRY)	- 50	1101	2			Prince	George	e County	
	95	ID C	TY OR TOWN	OF DEATH	II NAME OF HOS	PITAL NURSING HO					TITL KIND OF DI	MD.
	THE IS	10. 01			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRE	SS)	FOR			OR INDUSTI	RY,
	S. S	LISUA	Clinton					nter /	eache		111111	76_
102	SOR DELAN	13a. S	L KESIDENCE (TY A	13c. CITY OR TOW	N / 13 13d. INSIDE CI	- 11/1	REET ADDRESS	. 11	. 1	,
212	A S B S B D D		Varyla	nd Pri	nce Grea	ree Upper			105 C	rain H	ighway	
MD.	H. II. 2, 2, 2, 3.	14. FA	THER'S NAME		MIDDLE	LAST	IAF	IRST	MIDDLE	,	DIAST	,
E.	TAN PARTY	1	Kober	+ 1	ee	trocto	r NF	ARY	Viol	19	Nobe	rts
WO	L NO.			EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECU	IRITY NO. 17. INFORM	MANT	A	DDRESS		
BALTIMORE, MD. 21201	SOS	(4)	NO OK UNKNOW	(IF YES, GIVE	WAR OR DATES!	212-54	-6340 Dona	UM. Fra	tor			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEXECTED. THE RESET INCIPE THE CERTIFICATE, WRITING THE WORD'S "IN PENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 31 OT HE FLAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF	F DEATH (Enter an	y ane cause per line	for (a), (b), and (c)					APPROXIMATI	INTERVAL TAND DEATH
ST.	M 18. G M 18. G MG WII. P RMIT. P I.L.		PART I DE	ATH WAS CAUSED	BY:		Aneurysm of	the Circ	le of Wi	Illis	BETWEEN ONSE	ANDUCATH
N O	NAI SER	150	431	MMEDIAT						-13-14		
TES!	N A STAN		Candition	is, if any, which	552 15, 6%					The state		
4	MATE NOTE OF THE NAME OF THE N	-	gave ris	e ta immediate	< '-/-	AS A CONSEQUENT	CF OF					
3	SAM NEN		lying cau		DUE TO, OR	AS A CONSEQUEN	CE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	EXECUTED WII NG" IN PENCI ICAL EXAMINI N BURIAL - TRA H AND MENTA WATION, OR R				(c)					- 1		
80	MA PA PA	-	PART 2 DTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE DR CONDITID	IN GIVEN IN PART 1 (a)				
0	MEDIN	é						14500			In Allegan	2
7	SHOULD ORD "PE CHIEF A E USED / URIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH C	PERATION WAS PERFOR	KMED?				
TIM	SE S	E										NO 🗌
0	THE WOOD THE COULD BE STAKEN IN SETO BE	CE						OCCURRED (ENTER	NATURE OF INJURY IF	N ITEM 18 PART 1 OR P.	ART 2)	
N	ERTIFICATION THING	1 N	UNDERLYING CONTRIBUTIN	NG CAUSE OF I	DEATH P.A	۸. 19						
/ISH	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO B	MEDICAL	21d INJURY C	CCURRED	21e PLACE		E. 21f. LOCATION		CITY OR TOWN	CI	DUNTY	STATE
20	WRITI WARDE VAGE 3 IATE D	2	WHILE AT WORK	NOT WHILE	3 STREET, FAC	.IORT, PARM, ETC.)	SIREEI		CITORIOWN		wyr111	277.1
	STA STA											
	SE S				[X]						эртнол	
	ME BELLEVIEW		death resulte	ed fram: Natur	ral causes .	Accident,			termined manne	r		
	WAN WAR		ACTUAL	1)	2000					DATE	7-26	81
	MENT HE	-	SIGNATURE	Vecum	2 x cou	~	M.D. ASS	ISIANT MEI	DICAL EXAMINE	R SIGN		01
	NE NE	1 -	EXAMINER'S	NAME O	-1-1-1	Dele- M	D	111 0	onn Ctm	20+		
	MED AED AED AED AED AED AED AED AED AED A	4	TYPE OR PRI		ginia L.	Dolan, M.	D. ADDRESS		enn Stre	301		
-	SASSAS	73a.8	URIAL CREMA	HON, REMOVAL	36 DATE	731 NAME OF	CEMETERY OR CREMATI	ORY 23d. L	OCATION YORTOWN	1,90	UNIY S	TATE
0001	BP		BUR	AL L	414.30, F	181 01.	JOSEP #	1	OMFRI	= T CHH	KLES	NIDE
	DHMH - 17	24. F	UNERAL DIREC	TOR SEON	THORNTO	N R.R.1-1	30x 115	DATE REC'D. B		b. REGISTRAR'S	SIGNATURE	
File	(VR A15 ME (5))	T	hornto	n Fune	ral Home	POMON!	LEV. MD.	JUL 3 0 1	981	STORY COM	7	
101	15M 2/80	Bernstein	- 1				-				College College	

Carlotte Commence of the Comme The South 1981 of Palling States

3	1.	FOR STATE REGISTRAR		DEPA		EALTH AND MENT ICATE OF DEAT		NE 8 REG. NO		9 3	6 3
e e e		CEASED NAME FIRS	THOR	MIDDLE	7	COCT	- 2			DAY YEAR	24. HOURS
page 3	3. SE	male	4 RACE	Izck	S DATE C		YEAR	AGE IN YEARS LAST BIRT		IF UNDER LYEAR	IF UNDER 24 HRS
(M) 35	70. BI	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOWE	NEVER MARR	NED L	BALTIMORE CITY O	R COUNTY		MD
11 190	P	4 COUNT	Clint	on Con	vales c	ence Cei	ION 12	USUAL OCCUPATH	ON	12h, KIND O	F BUSINESS OR
and	13e. S		ME OF OTHER HASTINGTO COUNTY C. GOO.	13c CITY CO !		134 INSIDE CITY LI		337 Walt	er Le	ne	
ompletely ond 2 st	H	THER'S NAME FIRST	widole	Proct		15. MOTHER'S MA FIRST Elizabe		I Procto		LAS	1
S. Pages	16a V	VAS DECEASED EVER IN Ú. res, no or unknown) (if ye No.	S. ARMED FORCES? S, GIVE WAR OR DATES)		20-120	17 INFORMANT	Proc	tor Same		bove	
an papers emaval.		PART I. DEATH WAS C.	ter only one couse pe AUSED BY EDIATE CAUSE (a)	er line for 101, 16	, and icid	Mono	ne	L		BETWEEN	MATE INTERVAL ONSET AND DEATH
ation, or r		Conditions, if any, which	th ((b)_	OR AS A COPASE	OUENCE OF	alis	True	line for	uls	an ejezzak	y Ban
d by the lease remial, cremo ar other tr		gave rise to immediate cause (a), stating the underlying cause los	DUE TO, C	PAS A COMSE	QUENCE OF	den	Le	I feel 1	The	han	7
Then p to bur	NOI	PART 2 OTHER SIGNIFICA							27.4	154	
te has been sit permit giene priori	CERTIFICATION	19a DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED		200 AUTOPSÝ?	IN CERTIFY	, WERE FINDIN YING CAUSES S	OF DEATH?
certifica certifica priol-trar ental Hy them 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF GEATH HOUR A	P.M.	DAY YEAR		OCCURRED) (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART I OR PART 2]	
After this as the bull the and M orked ar	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME C	OF INJURY TREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
ospital o eCTOR: 4 d for use t of Heal		220.1 certify that (I) (this sow the deceased ali- above, (I) (we),(did) (d	ve on 7./ / /	1	9 8 . 01		opinion dec	to 7	ite and hour	ond from the	
by the hy ERAL DIRI e detache State Dep		22b. SIGNATURE	Inf are	-,M	~	PHYS		MEDICAL STAF DIRECTOR PHYSIC		7/8	1/8/
retained by 1 TO FUNERAL should be def with the State		22d PHYSICIAN'S NAME (o M	10.5 PAR	~	4235	25%	me	nd	201	31
BP	Bi	SURIAL, CREMATION, REMO SPECIFY Urial		1/81		rection	Cem.	Clinton	JII	P.G.	Md.
DHMH-16 20M (VRA 15, 4) 7/78	24 F	Martell Ad	lams	Aquas	co Mar	vland	ZSG. DATE R	JUL 1 7 198	1 The	RAR'S SIGNATI	March

STATE OF MARYLAND

- C 1971 - An density of the state of the sta EVERY AS A PARTY OF THE PARTY O

never for a second never a second

18		1,	FOR STATE		DEPAR	Quinn Color Color	19	3 2	-6			
		1.	REGISTRAR		MEDICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEATH RE	G. NO.		19
			CEASED NAME FIRST		WIDDLE			LAST	20. DATE KNOW	MONTH MONTH	DAY YEAR	26. HOUR
	WEST !	1,		omas			Ouir	ın	DEATH MATE	0 0 7-	9 1987	AA
	PLASE	3. SE	4. RACE	5 DATE OF I	BIRTH DAY YEAR		RS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
	TATA	M	ale Caucasi	an 9 -	10-92	1 8 8 YR		DAYS HOURS	MIN PRONOUNCED DEAD	7/9	1981	12:59
	おおをを	FC	RTHPLACE (STATE OR REIGN COUNTRY)		OF WHAT COU	NTRY?	MARRI	ED NEVER MARK	PED . PALTIMORE C	ITY OR COUNT	Y OF DEATH	
	高景· 10	Pe	nnsylvania		JSA					nce Geo	rge's	MD.
	AY IS NOT THE FLOOR THE FL		TY OR TOWN OF DEATH	11 NAME O	F HOSPITAL, NI	JRSING HOME, STREET ADDRESS)	OR OTH	ER INSTITUTION	12a USUAL OCCUPATION	(TYPE OF WORK	12b. KIND OF BU OR INDUST	ISINESS
	F ANY DELAY IS AND 3 TO THE RETAIN PAGE HOULD BE FILED		uitland						Township (Clerk		
	ANY DEL NO 3 TO NO 3 T		AL RESIDENCE (IF IN NURSING HON TATE 1136 CO		113c. CIT	Y OR TOWN		13d. INSIDE CITY LIMITS?	113e STREET ADDRESS			
	F ANY I SHOULD SHOULD FECORE		Md.	PG	Sı	itlan	d		4700 Hud	dson Av	venue	
	AGES 1, 2, REATH, IR AGES 1, 2, REATH, IR AND 2 SI OFVITAL	14. F.	ATHER'S NAME	WIDDIE		LAST			EN NAME MIDDLE		LAST	
	OO KAN PES										ALC: Y	
3	FTER DE FORM FORM ON OR	16a. V	VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	200			17. INFORMANT85	06 Timothy	RRd., I	Brandy	wine
	URS AFTER DE URS AFTER DE WITH FORM PAGES 1 AN DIVISION OR		Yes W.				540	Edward V	eltman, Ner	ohew,	Md.	
		-	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one couse p	er line for (a), (l	o), and (c).)				T-13	APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
	ON SI., 124 HOU ITEM 18 ALONG PERMIT. GENE, I			IATE CAUSE (a)				cardiovas	cular disease			
		100	4272		O, OR AS A CO	NSEQUENCE C	F					
	PREST VITHIN CIL IN INER A ANSIT TAL HY MOVAL	-0	Conditions, if any, whi gave rise to immedia								1000	
	W. PRESTONE PENCIL IN PRENCIL IN LITERANSIT LENTAL HYCE		cause (a) stating the <u>und</u> lying cause lost.	DUE TO	O, OR AS A CO	NSEQUENCE C	F					13.00
	ECUTED V ECUTED V SW. IN PENA AL EXAMI BURIAL-TR IND MENI		17.119 COULT 1031.	(c)_	5.7			LIST DEL				
	S A ATIO	z	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO	OEATH BUT NOT REI	ATEO TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
	PECORE "PENDIN" "PENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN" "FENDIN"	CERTIFICATION	19a. DATE OF OPERATION	119h C	ONDITION FOR	WHICH OPERA	TION W	AS PERFORMED?			20 AUTOPSY	2
	HOULD RD "PE CHIEF USED OF HE	FIG									YES	KKON
	THE CHAIN OF A RENT OF BURIAL	1	210 EXTERNAL CAUSE WAS	21b. Tl	ME OF INJURY		I 21c. HC	W INJURY OCCURR	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAI		NOZZZ
			UNDERLYING OR									
2	S CERTIFIC RITING TH RDED TO E 3 SHOU E DEPARTY	MEDICAL	21d. INJURY OCCURRED		P.M. LACE OF INJUR		21f. LO	CATION				
2	ARDED ARDED ARDED ARDED ARDED ARDED ARDED	M	WHILE AT WORK AT WORK	STRE	ET, FACTORY, FARM,	ETC.)	5	TREET	CITY OR TOWN	cou	YTAU	STATE
	1 3 4 7 5		AT WORK AT WORK		-							
	CATE. FOR: THE S		22a 1 certify that I took chi	-	7	ove, held an	Autop	y . Inspectio	n [X], Inquiry [X],	and in my op	inion	
	XAMINE CERTIFICA ILD BE FO DIRECTOR WITH THE		death resulted from: No	tural causes 🐰	Accident	L, Suid	ide	, Homicide .	Undetermined monner			
	EXAMINER CERTIFICATI UID BE FOI DIRECTOR: WITH THE		ACTUAL Here	· CX	0,00	- an				DATE	7 10 17	00=
	RAIH.	1	SIGNATURE CHANGE	M LX	say.	1	M	D. Deputy	MEDICAL EXAMINER	SIGNE	D 7/9/1	981
	EDIA PAR	d	EXAMINER'S NAME		-							
	TO MEDICAL EXECUTE THE CIPAGE A SHOUL PAGE A SHOUL PAGE A SHOUL PAGE A SHOUL PAGE AND AFTER DEATH, WE BALTIMORE, MA	_								Camp Sp	rings.	Md.
2	0000	23a.B	JRIAL, CREMATION, REMOVAL		V				23d. LOCATION CITY OR TOWN	COUN	VTY SI	TATE
	BP	I	Burial	7-13-		everly	Vet	. Cem.	Beverly,	Burlin	gton,	N.J.
	DHMH - 17 (VR A15 ME (5))	24. F	NERAL DIRECTOR Robt	E Wilh	ie im			land 250 DATE	C 1001	REGISTRAR'S S	IGNATURE	
	15M 7/77	F	uneral Home	Rd.	, Suit	Land,	Md.	hor.	L U 1301	ul Jaden.	Marthos	

					in tender	o Sh
					0 6	
			an olivesti	iginusii.		
Not a more than the contract of						
	WEARING TO SERVICE	TO YOUR THREE		Extract	X a gold	
				2002:10	Tourisenia .	
				Salve		

2	1	FOR	her	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	VOIENE Q I	9 3 2 7
	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
- e		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
may be page 3			ANCES RALS		07-02-	
E de la	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER LYEAR IF UNDER 24 HRS
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 0	Female	hite.	Feb. 24, 1901	8Q YRS.	
E SOUND	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED LINEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	IF DEATH
ne funi within		rginia.	U. S. A.	WIDOWED DIVORCED URSING HOME OF OTHER INSTITUTION	PRINCE GEORGE	MD. 12b. KIND OF BUSINESS OR
- 5 = 1/		CHEVERLY	P.G. NURSING	CARE CENTER	TYPE OF WORK FOR MOST OF WORKING LIFE) Registered Nur	INDUSTRY
4 how do be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COL	UNTY 1131. CITY OF	R TOWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill ewaminer must be an			Geo. Hyat	tsville YES Yes	7979 Riggs Rd.	Apt. #1.
with with d 2 s	11	ATHER'S NAME	MIDDLE LA	ST FIRST	MIDDLE	LAST
		orter	Hickman		Lam	•
BALTIMORE, cate be executate be executable spers. Pages 1 val.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		17. INFORMANT Christin	ne Jarboe, 7979	Diese Da
be m	-				le darboe, 7979	
, 8A icate icate bope oval int, #		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (day.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertificer		1/11/ IMMEDIA	ATE CAUSE (o) GATTLE	viderot hear	unere r	2 agagar
PRESTON he death of me attendin matian, ar		7170	DUE TO, OR AS A CON		1	9 days
PRES the aff the aff the aff the aff		Conditions, if any, which gave rise to immediate	9	espor hear fai		a cough
Se of the other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	ulano.	1'clow
201 med the plea urial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	CALO DEATH BUT NOT RELATED TO THE ME	RMINAL DISEASE OR CONDITION GIVEN	JIN PART 1(E)
RDS,	S	Choose of ho	uch Gran C	Videan	WINNE DISEASE ON CONDITION SIVE	7.110
bee bee	CERTIFICATION	190. DATE OF OPERATION	1 4	VHICH OPERATION WAS PERFORMED		WERE FINDINGS USED
ALR he lo on. hos t per iene	E				YES NO YES	NG CAUSES OF DEATH?
VITAL VITAL IN: The Incorporate Property Hygie	Ü	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
SICIA ng ph certif ricial-t ental	I B	OR CONTRIBUTING CAUSE OF D	KAIII	19		
D AT SE	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI DING P or atter After the os the alth and marked	*	WHILE NOT WHILE AT WORK		1.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
a de A do			pital) attended the deceased (, to feels 22, 19	, that (I) (we) last
Spirit Sp			not view the body after death.		in death accurred on the date and hour o	
OR he ho DIRE oche Chert		171 SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
크루 크등요	-	V. In	aux.	PHYSICIAN	DIRECTOR PHYSICIAN	July 250/96
OSP ed to d be		224 PHYSICIAN'S NAME IN	CH PRINT)	22e. ADDRESS		V
TO HOSPITA retained by TO FUNERA should be do with the Stat						
56000	230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial.		23c. NAME OF CEMETERY OR CREMATORY 81 Mt. Comfort	Alexandria, V	GOUNTY STATE
Let BP	24.5	With observe 1				
DHMH-16 30M 2/80 (VRA 15, 4)	1	William Hold	254 Carro	neral Home 250 D	ATE REC'D. BY REGISTRAR 25 ADEGISTRA	ASSIGNATURE

- 1

MARTHA FRANCES RAISTON 07-02-51 19:30 A regalo, state. - Tel. 2-, 1001 - 30 ment PRINCE GEORGE' CHEVERLY P.G. NURSING CARE CENTER ROOTS TOTAL CONTROL Parvined. P. Geo. doubteville. You. 7979 Mings No. Anbiell. Torber Nickean. Victo . 151 no copil of the original contraction of the lique of CAMPAC TO A CONTROL OF THE STATE OF THE STAT Marie and the second of the second of Suntal. July 6, 1981 Mt. Confort Mirandrin, Miranian. Latter Ruseral Break 254 Carroll St. N. W. D.Mt. I ties were

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME a DATE KNOWN (TYPE OR PRINT) OF ESTI-6. AGE (IN YEARS IF UNDER 24 HRS DATE 5 7a. BIRTHPLACE (STATE OR NEVER MARRIED TO Wash. D.C. U.S.A. WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, Za USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Computer Operator Dept. of CORDS, Cheverly Treasury 13n STATE 1131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hvattsville Pr. Geo. 7400 CAL EXAMINER ALONG WITH FORM PAGES 1, 2, AN DERIVAL - TRANSIT PERMIT. PAGES 1 AND 2 SHO AND MENTAL HYGIENE, DIVISION OF WITH REC Md. YES X 18th Avenue NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ratte Walsvig George Ope1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 3207-Arundel Rd. (Mother) Mt. Rainier. Md. 217-44-9878 Opel Ratte Yes Vietnam 18 CAUSE OF DEATH (Enter only one cause per the far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ug outdore MAMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUIL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, WRITING THE CARDED TO THE CARDED TO THE CARDED TO THE CARDED THE CARDENT OF THE C NO (71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.3 AFTER DEATH, WITH THE STATE DE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN NOT WHILE AT WORK AT WORK 27a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Undetermined monner Natural causes Suicide TITLE (SPECIFY) DEPLITY MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO 5009 Rayburn Ct., Camp Springs, Md TYPE OR PRINT 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BP Buria1 Lincoln Cem Brentwood Pr. Geo Md 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Mt. Rainier. Md. F.H. Inc. (VR A15 ME (5)) 15M 2/80

the poly wheel the make the between the latter of the wide has the latter of the WAR and the world the format and the first of the And the state of t A STATE OF THE PROPERTY OF THE hand and make the buy the state of the space of the state of the

	TA					OF MARYLAN					2.4
10	100		OR TATE	DEPART	MENT OF HE	ALTH AND ME	ENTAL HYGIE	NE	9	3 2	9
			EGISTRAR	MEDICAL E	XAMINER	'S CERTIFIC	CATE OF DE	ATH RE	G. NO.		
1-19-19		I. DE	EASED NAME FIRST	MIDDLE	-	LAST		20. DATE KNOV		DAY YEA	R 2b HOUR
	and the same	(TYP	ORPRINT] Clauton	w.	Redo	low		OF EST		_	
	EEEBA							DEATH MATE	D L /-	13 198	
	불만포수없	3. SE)	4. RACE S. DATE OF B	DAY YEAR		MONTHS DAYS	HOURS MIN	PRONOUNCED	MONTH	DAY YEA	AR 2d HOUR
	公司司和名	1/7	ale white 2-8	- 30	37 YRS.	MONIHS DATS	HOURS MIN	DEAD	.7-	13 108	1/2/
	NATE AND	70 BI	THPLACE (STATE OR 76. CITIZEN C	OF WHAT COUN	TRY2 IR			9. BALTIMORE	ITY OR COUN	TY OF DEATH	7
	和電影性影響	1 10	ign country			MARRIED NEV		Brine	12011	Laca	
	22027	IV	st Uliginia U.S	SH		IDOWED [DIVORCED L	prince	CIE	Tes	MD.
	元本品品さ	10. CI	Y OR TOWN OF DEATH	HOSPITAL, NUF	RSING HOME, OI	OTHER INSTITUT		SUAL OCCUPATION	N (TYPE OF WORK	12b. KIND OF	BUSINESS
	304400	10	linten pout	hern ful	Terus les	rd Ktr	tilas NI	aintaira	Symphical	a tell	900
-	ANY DEL	USUA	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTI			. //			7	36	
20	28F28	13019	ATE COUNTY	13c. CITY	ORTOWN	T3d. INSIDE CI	_ / / /	TREET ABORESS	D		
2.	TATEL	1/	ory and I thinks Geo.	1901 0	2 B	YES	NO D S/	13 DAMC	y hoa	id.	
M O	SET /	14. F/	THER'S NAME MIDDLE	1	LAST #	15 MOTHE	R'S MAIDEN NAM	ME MIDDLE		A LAST	
		4	HZel	ted	den.	EM	MA	May	/	Mode	Pl
BALTIMORE		16a V	AS DECEASED EVER IN U.S. ARMED FORCES?		IAL SECURITY NO				DRESS CII	3 Dring	(1 D) 10
Į.	JRS AFTER 8. GIVE PA WITH FOR MITH FOR DIVISION	(Y	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DAJES)	23 234	-44-02	15 1200	. A	D111-	T	111 1	7. 24
N N	S'A GIN PAC VIS			4		42/VOEN	D. HNN.	DESIGN -	terestu	1, she ru	Na
ST.,	S. S. F. O.		18 CAUSE OF DEATH (Enter only one cause po PART I DEATH WAS CAUSED BY:			0 00	-16				NATE INTERVAL
N Z	A S S S S S S S S S S S S S S S S S S S		IMMEDIATE CAUSE (a)	envac	ece Ina	1 ne	mer in	Te-			
PRESTON	2E0E0			O, OR AS A CON	SEQUENCE OF	1	1				
ES	N S S S S S S S S S S S S S S S S S S S		Conditions, if any, which								
	RATAI	-	gave rise to immediate (b)_								
3.	OF TARE		cause (a) stating the <u>under-</u> lying cause last.	O, OR AS A CON	SEQUENCE OF						
2	E Z Z Z Z Z Z	100	(c)_								
8	APAGE		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE DR CONDITION	GIVEN IN PART 1 IO				
DIVISION OF VITAL RECORDS, 201	FIRE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU AATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM IF CORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 978. PAGE 35 AB URIAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z									
2	- GEARER	CERTIFICATION	190. DATE OF OPERATION 196. CO	DAIDITION FOR V	AVEICE ODED AT I	ON WAS PERFORA	MED2			Les AUTOR	51/2
7	SHOULD ORD "PE CHIEF A CHIEF A TOF HE LURIAL, C	Ş	THE DATE OF CHERATION	DIADILIOIA LOK A	WINCH OFERAL	DIA MAS PERI ORI	MED!			2D AUTOPS	STE
5	38255	1 8								YES [NO P
70	HYHUNG O	1 5		R A.M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRED LENTE	ER NATURE OF INJURY IN I	TEM 18 PART 1 OR P	ART 2)	
Z	SECSE	1	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	19						
S	CERTIFICATE WED TO THE WED TO THE WED TO THE DEPARTMENT I PRIOR TO I	MEDICAL		ACE OF INJURY		If LOCATION					
2	BEBES 3	1	STREE	T, FACTORY, FARM, ET	(c.)	STREET		CITY OR TOWN	C	OUNTY	STATE
	CAMINER: THIS CERTIFICATE, WRITED BE FORWARD DIRECTOR: PAGE WITH THE STATE I WARYLAND, 21201		AT WORK AT WORK						/		
	R: T R: P R: P D, 2		220. I certify that I taak charge all the remain	ns described abo	ve held on	Autopsy .	Inspection .	Inquiry .	and in my c	aninian .	
	EXAMINER: CERTIFICATI ULD BE FOR I, WITH THE									pilian	
	₹ EBBEZ		death resulted from: Natural causes	Accident	LJ, Suicide	Hamic	ide Und	letermined manner			
	A × F F F F F F F F F F F F F F F F F F		ACTUAL THERESTEX	XI,		TITLE (SE	PECIFY)			ar .	12-01
	SHOULD STANK		SIGNATURE NEWSONS	roung	1 lle	M.D. Dep	nity ME	EDICAL EXAMINER	DATE		2 61
	SE S	-	()	//	1	1					
	#5% 5 % 5		EXAMINER'S NAME Augusto I	. Rodri	guez, M.	D. ADDRESS 5	009 Rayl	ourn Ct.,	Camp S	prings,	Md.
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOUD B TO FUNERAL DIRE BALTIMORE, MARY	72- D	RIAL, CREMATION, REMOVAL 236, DATE		AME OF CEMET			LOCATION,			
	1000	130.0	Burial 7/16/					The state of	ha m con	BY G	STATE .
20	BP	-		8/ //	ioi. Vete	ranslen		nelten		Pr Geo.	IV C
reh	DHMH - 17	24 F	NERAL DIRECTOR	DORESS		OXON	DAJE REC'D.	BY REGISTRAR 25	REGISTRAR'S	SIGNATURE	P
	(VR A15 ME (5))	Geo	nga P Kalos. F. H 616	60 Oxon	Hill RI	Hillmy	/ 1111 2	1 1981	rance of	dollary	en
	15M2/80							1 1 1 1			

No less & go day of the Bed - Commence of the second s

	FOR			IE OF MAKTLANI			1 13	7 7	n
	STATE		DEPARTMENT OF				1 4	0 0	U
_	REGISTRAR CEASED NAME FIRST	ME	DICAL EXAMIN			KEG.			
	E OB BBINITY	241		LAST	2	OF ESTI-	MONTH	DAY YEAR	2b. HOUR
	Elizal	etn	MARIE	Reed		DEATH MATED	97-3	198/	N
3. SE	4. RACE	5 DATE OF BIRTH	6. AGE (IN YE.	ARS IF UNDER 1 YR. I		C. DATE	HINOM	DAY YEAR	35 HOUR
1	counte white	JAN 17.	1894 87 YEAR	RS. MONTHS DAYS	HOURS MIN P	RONOUNCED 7	13-	1981	7 A.M
	RTHPLACE (STATE OR	76. CITIZEN OF WE		1	9	BALTIMORE CITY	OR COUNTY		7
24	REIGN COUNTRY)	in 1	A	MARRIED NEVE	DIVORCED	PRINCE	Geo	rues	
ID C	ITY OR TOWN OF DEATH	II NAME OF HOS	PITAL, NURSING HOME			ALOCCUPATION (. KIND OF BU	MD
C	herenly	FIRNOT IN SUCHE	HITY, GIVE STREET ADDRESS)	1/20	121 FAR	TORY WEN	Ker /	OR INDUST	RY O
USU/	TATE , WY COUN	TY	13c. CITY OR TOWN	13d. INSIDE CITY		ET ADDRESS	2/18/	rech	
V	IRYINIA HALI	Naton	MIGHON	YES A	NO 0	306 N.	المحادث	7	
14 14	ATHER'S NAME	MIDDLE	O LAST .	15. MOTHER	ST MAIDEN NAME	MIDDLE		LAST	
	JOHN	V:	CRUISE			KNOWN	14/2-1		1-5-1
	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY		ANT	ADDRE			1 - 1 - 1
	NO		145-20-	5438 Rober	RT Keed	(SON) SI	Ame As	Above	2
	18 CAUSE OF DEATH (Enter on		for (a), (b), and (c).)		. 1	1/1		APPROXIMATE BETWEEN ONSE	
	PART I DEATH WAS CAUSE		lenoreles	pleo Clerk	les Varel	les des	bul	DETWEEN ONSE	AND DEATH
	4299		AS A CONSEQUENCE	OF					
	Canditians, if ony, which								
	gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE ()E					
	lying cause last.	1 500,000	NO N CONDEGUENCE (ALC: NO		
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OF ATH	BUZ NOV BELLEVE TO THE TERM						
z	TAKE Z OTHER SIGNATIONAL CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RECATED TO THE TERM	INAL DISEASE OK CONDITION (GIVEN IN PART 1 (a).				
TIO	19g, DATE OF OPERATION	Ties CONDI	HONE OR WHICH OBER	A TIONI WAS DEDECORA	ED2			F-10-1-1-1-1-1-1	
CERTIFICATION	THE DATE OF OPERATION	176 CONDII	ION FOR WHICH OPER	ATION WAS PERFORM	NED?			20. AUTOPSY	
RTIF								YES 🗌	NO [
	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY . MONTH DAY YEAR	21c. HOW INJURY C	OCCURRED LENTER NA	ATURE OF INJURY IN ITEM	18 PART I OR PART 2	?)	
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M		06411.857					
MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET		CITY OF TOWN			STATE
Z	WHILE NOT WHILE C] SINEET, PACT	ORT, FARM, ETC.)	SIREET	11 1-35	CITY OR TOWN	COUNT		STATE
		. ()	2.1.1		Inspection X,	🔻		EE 107	1000
	220. I certify that I taak charg						and in my opini 1	ion	
	death resulted from: Natur	al causes 🗶 ,	Accident , Sui	icide 🔲 , Hamicid	de 🔲 / Undeter	mined manner			
	ACTUAL Aire	x COL	daide /	TO (SPE	ECIFY)		DATE	7/3/8	21
	SIGNATURE_	14 J-400	nyuy	M.D.	MEDIC	CAL EXAMINER	DATE SIGNED.	1/3/0) J.
	EXAMINER'S NAME	4- 7 7 7	61	0	V				
	(TYPE OR PRINT)	to P. Rod	riguez, M.D	• ADDRESS	5009 Rayl	ourn Ct. (Camp Sp	rings,	Md.
23a.B	URIAL, CREMATION, REMOVAL	3b. DATE	23c. NAME OF CEA	AETERY OR CREMATOR	RY 23d. LOC	ATION	COUNTY	ST	AVE
,	BURIAL	J4147,18	B1 ST. JUI	hns CEM	LA	nibert villy	HUNTER	adow 1	V. J.
24. F	UNERAL DIRECTOR	ADDRESS	ALTERNA .	25	So. DAN REC'D. AV F	GISTRAR ZSH ZE	GISTRARSSIG		1000
F	Gasch's Sons	F.H. P.A.	Hyattsvill	e, Md.		.001	J. St.	allar Clea	
									1

VI Y X T IN THE		beoff			1,5011	pr-	
					Mat 7		
				744			
AND STREET							WEAL)
A 9241 4 11						N. Aye	
							V.
					×		
THE STATE OF THE S				333	1 100		
e mine hour in a	HINDVIIO RINTE			- Inha	i i obii	m/.	
	C.				/\W	360	
			,9"13"				

78	25, 1894	.047	lasti	lole
	- WX		2.0	.51
12220 Conway Food		Poltsville	ny. Heo.	, hit
ry f. Convav	el!		preso no	-012
e (Hife) same as fl3	engl ne[13	518-22-3086	7 18/	297
		*		
				30
		+		
- 12 - C Hand	- \ @	7		
31-13			1 - Sec. 30	408
Top was a part of the start of	170742		C Marrian	W. Tu
orb Laurel, Pr. Sen. Hd.	tooyd?	d. Nath Asignoten 111e, Vd. 206	245.5	

Hyattsville, Maryland

PLANTER MAILINE 07 19 81 11:30FM PRINCE GEORGE'S COUNTY PRINCE CEORGES GENERAL HOSPITAL Y JEE TO William Action to the Control of Control Trines Good at. Sainter 2 main! - approximate to temperate . T 195 PO ENTO Com W. Rebens | Bill blacks, the 10118 01990

Sucial VAASB Hely semilable Seacher Sentender Sontgomers Country Stationally Stational Group Country Stational Country Stational Country Stational Country Stational Country Stationary Stationary Country Stationary Stati

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWNXX (TYPE OR PRINT) OF ESTI-7-19-81 RICHARDS. SR. LEO RUSSELL 12:156 4. RACE IF UNDER 1 YR & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 7-19-81 male white PM Jan.10,1940 DEAD 17 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U. S. A. Prince George's County WIDOWED . DIVORCED IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Prince George s Co. Hospital Cheverly Private Wall Hanger Gonstbuctn USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 132 STREET ADDRESS POX 13a. STATE 1136 COUNTY Upper 2825.S.W. Crain Md. Pr.Geo's Marlboro 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William George Richards Virginia Hardesty 164 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION 2.Box 2825, (YES, NO, OR UNKNOWN) I. Richards-S.W. Crain Hwy. No 214-36-3609 Alice Upper Marlboro, Ma Belween on Sel And Dea 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c). ALONG W PART I DEATH WAS CAUSED BY Electrocution MENTAL HYGIENE, IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C BURIALlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED AS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? TE DEPARTMENT OF HI 201 PRIOR TO BURIAL, YES XX NO BE 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY subject working with hand pump well and the SHOULD UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TOPROMINONIE PEAR metal swaved striking live electical wires 21¢ PLACE OF INJURY 21d INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEREXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PL farmland Box 382 at Rt.301&Swanson Rd. Upper Marlboro, Maryland WHILE AT WORK TO AT WORK AutopsyXX 22a I certify that I taak charge of the remains described above, held on ond in my opinion death resulted fram: A Natural causes Undetermined monner TITLE (SPECIFY) 7-20-81 ACTUAL Assistant SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.B. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7/22/81 Ft. Lincoln Cemetery Bladensburg (Pr.Geo's) Md. BP Hickard A. Coleman Maryland 20870 **DHMH-17** (VR A15 ME (5) 15M 2/80

Id at a transfer to the second ٠ • Trans Lading a detail A CONTRACTOR OF THE PARTY OF TH White I . I als well something whereally edenda de montell LLa ext 7.2. 1 1002111 Z 10 2, 10 2 2025, a () 2 I Wilder I am abile D Cll-30-7005 lies . Tiencels-. . Tien Bi., TO STATE OF THE PROPERTY OF THE STATE OF THE About the transfer of the state arial [//local december of the contract of the List 1 tome 1 Traine 21670

Founds shits Aug. 1,7905, 125 Lawrence to the transfer of the contract of th Company | Per New York | True Maco. Open. (Rong R. R. Yes . . . with 1203-47-A256 June v. Inders same barings Service of the pulled of a territorial and a 是 19 00 PE - 19 5 PE 10 PE ALE STATE OF THE S THE DISTRICT OF BUILDING HIT IN JETER J Burtal A7-30-81 Md. Jeterans Cer. Cheitenhap a F.C. Md. account conecal Home La Plate, Sd.

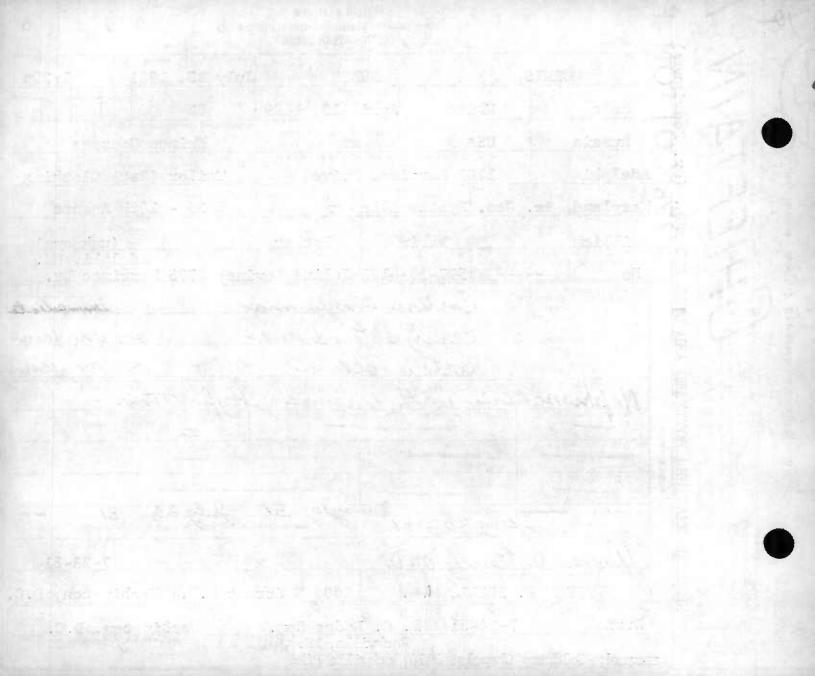
15	l,	FOR		0			ARYLAND AND MENTAL H	HYGIENE		1.9	3 3	3 5
	1.	STATE REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE C	OF DEAT	H REG. N	10/	0 0	
S. S. S. T.		CEASED NAME PE OR PRINT)	Emma		C	I	Rodgers	2	OF ESTI- DEATH MATED	7 1	9 19 8	10. 110 OK
ESSARY, PLEASE FRA DIRECTOR. R YOUR FILES. THIN 72 HOURS PESTON STREET,	3. SE	Female RAC	hite MO	ATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN HDAY) MONTH YRS.			C. DATE RONOUNCED DEAD		19 8	AR 24 HOUR
SA SESION	FC	IRTHPLACE (STATE OR DREIGN COUNTRY) Ohio	7b. C	USA	AT COUNTRY?	8. MARRIE WIDOW	D NEVER MARR	IED L	Prince			P.//\\
	2	ITY OR TOWN OF DEA	(1	F NOT IN SUCH FAC	PITAL, NURSING HOA	S)		FORMO	AL OCCUPATION (TY OST OF WORKING LIFE)		OR INDU	BUSINESS
- 77208	USU 13a. S	AL RESIDENCE (IF IN NU STATE	RSING HOME OR OTHE	eland RINSTITUTION, GIVI	RESIDENCE BEFORE ADMIS	OSDITE SSION)"	13d. INSIDE CITY LIMITS?		Retired P.	hD.		
10. 21201 11. 1. AND 17. 2. AND A 3. RET, A 3. RET/ A 12. SHOUL	14. F.	Maryland ATHER'S NAME FIRST	Prince	DIF	LAST	ville	YES IN NO	301	5 Commande	or Dr. H	vatts	ville
R DEATH.	11	WAS DECEASED EVER		F	Kuhlwein	IITY NO.	not 17. INFORMANT	ava	ailable	S	1831	
BALTIMORE, MD. 21 SURS AFTER DEATH. IF IN GREP AGES 1, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	(no, or unknown)	(IF YES, GIVE WAR OF	DATES)	2992224		or. Mary	C. I	Rodgers,	(same	as	13e)
301 W. PRESTON ST CUTED WITHIN 24 HC IN PENCIL IN ITEM IN MENTAL HYGIENE I, OR REMOUVAL.	CERTIFICATION	Canditions, if a gave rise ta cause (a) stating lying cause lost.	/AS CAUSED BY: IMMEDIATE CA any, which immediate the under-	DUE TO, OR A	AS A CONSEQUENCE	E OF Licoli E OF	Arrost C & Carcle OR CONDITION GIVEN IN PA		esculio	lucen		NSET AND DEATH
DIVISION OF VITAL RECORDS, SERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" REDE TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BLE DEPARTMENT OF HEALTH AN PRIOR TO BURRAL, CREMATION		19a. DATE OF OPERA	ATION	19b. CONDITI	ON FOR WHICH OPE	ERATION WA	AS PERFORMED?				20. AUTOP	
PICATE THE WOOLD B OULD B RTMENT TO BUR		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEA	AR 21c. HO	W INJURY OCCURRE	D (ENTER NA	TURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	wit.	
DIVISION OF VITAL RE. THIS CERTIFICATE SHOU ORWARDED TO THE CHIE RE. PAGE 3 SHOULD BE USI E STATE DEPARTMENT OF V. 21201 PRIOR TO BURIAL, C	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT W	RED	21e PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC ST	ATION REET		CITY OR TOWN	COUNTY		STATE
EXAMINER: T CERTIFICATE, DUID BE FORW. DIRECTOR: P.			I taak charge af th		ribed abave, held an	Autaps Suicide .	Hamicide ,		Inquiry , o	nd in my apinio	n	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SATER DEATH DEATH, WITH THE SATER DEATH DEATH, WITH THE SATER DEATH		ACTUAL SIGNATURE	uguns	Y. Y.	dague	м.	Deputy	MEDIC	ALEXAMINER	DATE SIGNED	7-1	9-81
TO MEE EXECUT PAGE 4 TO FUN AFTER D BALTIMG	23a. P	(TYPE OR PRINT)	Augusto		iguez, M.I		DDRESS 5009	Raybu		emple H	ills.	Md.
> BP/10d		Bural UNERAL DIRECTOR	0 /	122 198	1 Inte 01	HUM	. Cimelier	The	SKI SPRIA	COUNTY	MATHRE	of the second
DHMH - 17 (VR A15 ME (5))	10	Bona Flanch	42.06 No	ADDRESS 27	(Cornel De	N.MS	20	123	1981	me Ja	Mart	ten

dig C.F. ofdellave don disting Dr. Tary C. Podrote, (said as Law)

Danzansky-Goldberg Chapels; 1170 Rockville Pike

(VRA 15, 4)

STATE OF MARYLAND



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

REG. NO

20. DATE OF DEATH MONTH

9	3	3	1

7 - 1 - 1981

I DECEASED NAME (TYPE OR PRINT) Ruby

E.

Ruddle 5 DATE OF BIRTH

21

CERTIFICATE OF DEATH

1923

6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH

7:15 Pm

25 HOUR

In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Virginia

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

10

DIVORCED TO

TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

Prince George's County 12h KIND OF BUSINESS OR INDUSTRY

I CITY OR TOWN OF DEATH Clinton

Female

Southern Maryland Hospital Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN Prince George

MIDDLE

4 RACE

White

IISA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Clinton

Combs

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS 7905 Green Street

14 FATHER'S NAME

MD.

No

1 SEX

Levi Issac 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES)

> 18 CAUSE OF DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY.

166 SOCIAL SECURITY NO. 577243814

Ronald M. Ruddle, Son

Phoebe Catherine " 1601 Steeplechase Dr.,

Jarrettsville Md.

Cullers

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190 DATE OF OPERATION

21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOT 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2).

IN CERTIFYING CAUSES OF DEATH? NO F

20b. IF YES, WERE FINDINGS USED

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION CITY OR TOWN

20a AUTOPSY?

COUNTY STATE

220 | certify that (I) (this hospital) attacked

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

77r. DATE SIGNE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

276 SHANATURE

Dr. Sanjeeb Mishra

23b. DATE

7-4-81

DEGREE

1 22e ADDRESS

Charles Prof. Cen. Waldorf, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

140

23a. BURIAL, CREMATION, REMOVAL

Robt E

Wash. Natl. Cem. Wilhelm, DDRESS 4308 Suitland DATE REC'D, BY REGISTRA GA HEGICIPARS

COUNTY Suitland, P.G., Maryland

STATE

DHMH - 16 50M 7/77 (VRA 15 (4))

ld 5

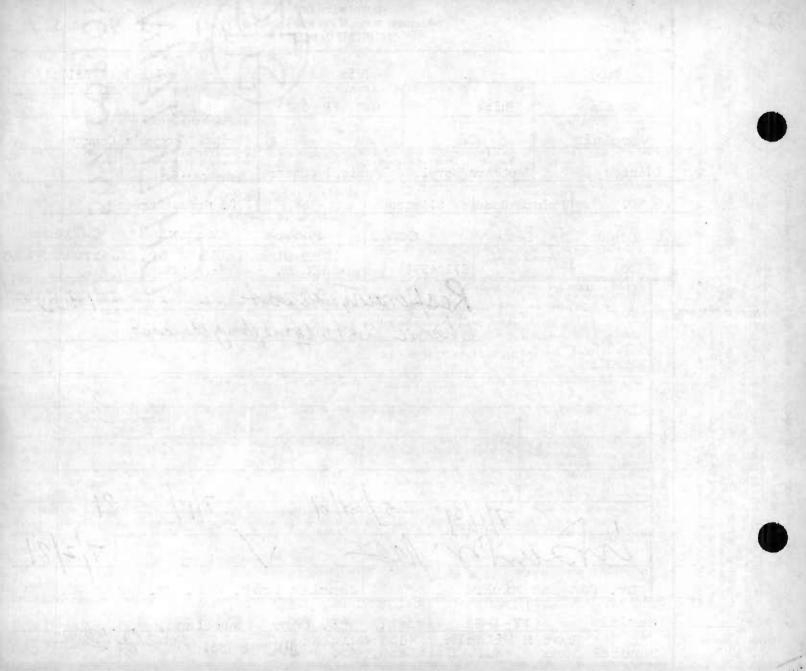
3 =

 ∞

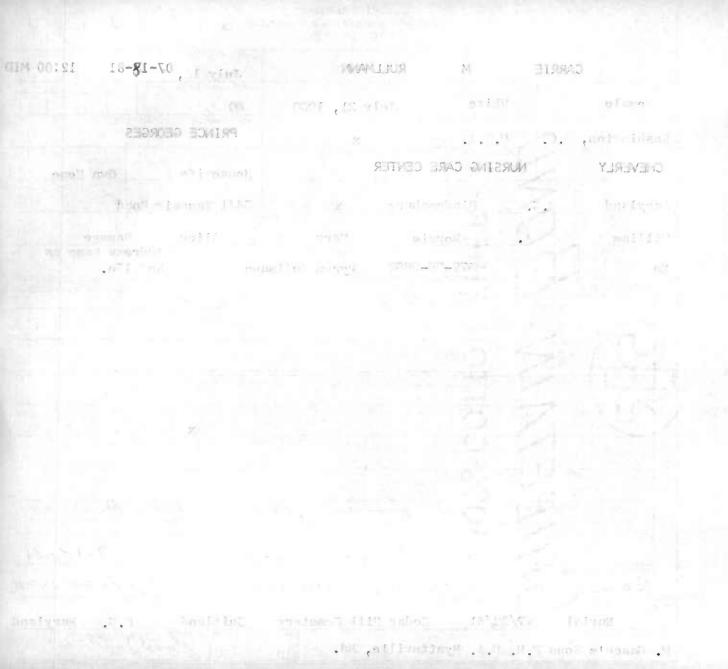
Burial

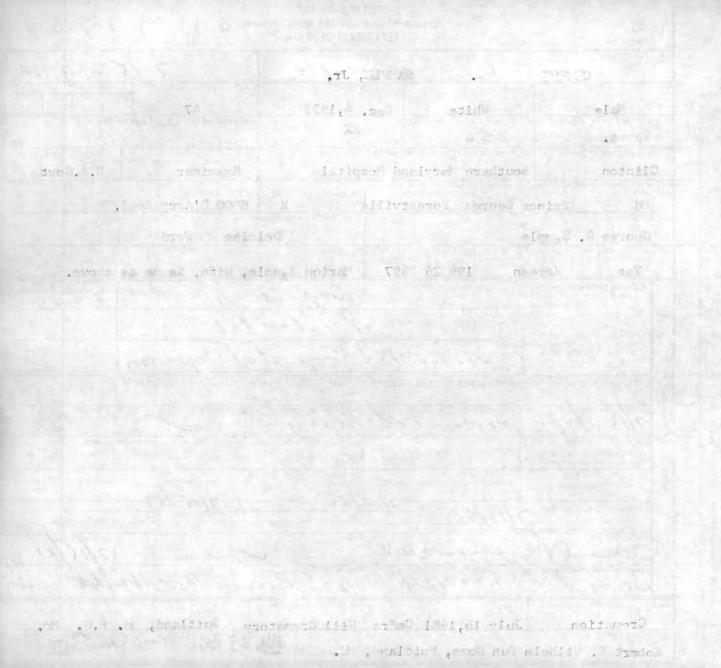
Funeral Home

Rd., Suitland, Md.



6	1.	STATE OF MARYLAND 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH							3 3 8	
y be death	(TYP)	CEASED NAME FE CAR	RIE	MIDDLE		AST	REG. N 20 DATE OF DEATH July 18	1981	26 HOUR 12:00 MID	
	3. SE	Female	4 RACE Whi	te	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OR FORE) COUNTRY) Ashington, D.		F WHAT COUNTRY	? 8 MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9. BALTIMORE CITY C	R COUNTY OF D		
is ofter its ofter in filed with	10 C	HEVERLY	NURST	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NURSING CAREST CENTER			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife WD. 12b. KIND OF BUSINESS OR INDUSTRY Own Home			
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysician and completely filled in by spers. Pages 1 and 2 should be fill yol. 1, the medical examine (must be no		AL RESIDENCE (IF NURSING P STATE 136 Aryland	OME OR OTHER INSTITUTION COUNTY	13t. CITY OR TOV		13d INSIDE CITY LIMITS? YES 😿 NO 🗌	130. STREET ADDRESS 5441 Taus			
MARYL.		ATHER'S NAME FIRST	WIDDLE	Merris		15. MOTHER'S MAIDEN NA/ FIRST Mary	MIDDLE Alice	Rai	LAST Mage	
IMORE,			J.S. ARMED FORCES YES, GIVE WAR OR DATES)			Myron Rullma		SS Address No# 13e	s Same as	
equires that the death certifical signed by the attending phys. Then please remove carban pap to burial, cremation, or removarients, or other traumatic event,	NO	Conditions, if any, wh gove rise to immedicouse (a), stating underlying couse li	oich (b), ate the ost. (c)_	OR AS A CONSEQUE	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)	
TAL RECOI	CERTIFICATION	198 DATE OF OPERATION	196 CON	IDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH? NO	
DIVISION OF VI	MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1)	E OF DEATH XAMINER) 21e PLAC (AT HOME. 5 hospital) ottended	P.M. E OF INJURY STREET, FACTORY, OFFICE,	0.1	211 LOCATION STREET 19 19	CITY OR TO	wn c	OUNTY STATE , that (I) ellost	
CO HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR should be detached for us with the State Dept. of H. MAPORTANT: if hem 21 is		sow the deceased a obove, (1) (we) (did). 22b. SIGNATURE 22d. PHYSICIAN'S NAME Ramcoo	(did not) view the bac Class (TYPE OR PRINT)	dy after death. 192 ver, u	D.	DEGREE FOY ATTENDING PHYSICIAN X 170. ADDRESS 620/67000	MEDICAL STA	FF CIAN [7-18-81 7K Md 20740	
Bb 000	23a	BURIAL, CREMATION, REM (SPECHY) Burial		23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Suitland	P. (NTY STATE	
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	Gasch's Sol				25e. DAT	REC'D. BY REGISTRAN	D. REGISTRAR'S		





-	
	61
	Ď
	>
	0
	3
	4
	9
	0
	0.
	£
	=
	a)
	TO
	e e
_	- 5
5	- 0
5	-
-	6
2	Ĕ
0	4
Z	2
⋖	C
	E
~	- Ore
4	3
2	70
2	0
MI	5
~	- 0
0	×
Š	0
=	0
-	-10
⋖	0
60	0
2	2
-	=
S	ě.
Z	Ü
0	T
-	ō
S	0
OK.	
0	2
-	-
5	70
pma	Ě
0	-
2	9
	-
0	2
œ	9
0	1
Ü	3
ш	0
œ	
4	2
OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	CIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be
-	my.
-	4
7	4
0	U

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STAJE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) MARY 81 SCHIATTAREGGIA 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDED I VEAR MONTH YEAR DAYS Female Cauc. 13 1900 Aug. 80 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S IISA New York WIDOWEDK II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR mpletely filled in by the (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 1381, CITY OR TOWN 13e STREET ADDRESS 1707 S. Arlington Ridge Rd. 13d. INSIDE CITY LIMITS? Arlington YES | NO [Va. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Josephine Scolatta Maida Colorgio Matilda ADDRESS Arlington, Va. 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? carbon papers. Pages (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Josephine Gayle 1707 S. Arlington Ridge Rd. 226-42-3534 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CATION prior 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? onsit pe angueus NO I 21b. TIME OF NJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 and Mental Hy HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) or Her 211. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE

NOT WHILE AT WORK AT WORK 220.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body of 22b. SIGNATUR

DEGREE 22e ADDRESS

Mt. Comfort

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

d that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATES/GNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

73b DATE

7/21/81

23c NAME OF CEMETERY OR CREMATORY

Alexandria

COUNTY STATE Va.

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

Murphy Funeral Home

4510 Wilson Blvd. Arlington

Sh REGISTRAR'S SIGNATURE

07 17 81 9:	SCHIATTAREGGIA	YRAM
1.1		
RINCE GEORGE'S	q	
	GEORGE'S GENERAL HOSPITAL	EVERLY PRINCE
nothing and the second		with the last
	A PARTY NAME OF	
	November of surgest	1/2/1/0
1/17	Water Street	F-MANAGE F
	A STATE OF THE STATE OF	

Ś

1			OF MARYLAND	
7	FOR STATE REGISTRAR		R'S CERTIFICATE OF DEATH	REG. NO.
TARE \	1. DECEASED NAME FIRST	olaide Scott	LAST 20. DATE OF	KNOWN DAY YEAR 26. HOUR
Hard Control	Formale Stack	7-22 -53 26 YRS.	Bar	TE MONTH BAY YEAR 22 HOUR UNCED 7-29 1987 AM
SSECTION TO SECTION TO	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) D.C.	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED A BALT	MORE CITY OR COUNTY OF DEATH MD.
S AN 6274	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, CO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George H	ospital FOR MOST OF W	UPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY etary
21201 # ANY D AND 3 RETAIN PECOND	Maryland 13b. CO	ne or oth in give residence before admission UNTY 13c. CITY OR TOWN Brandywine	13d. INSIDE CITY LIMITS? 13e STREET ADD	loral Park Road
E, MD.	Haril N. Sc	ott LAST	15. MOTHER'S MAIDEN NAME Adelaide M.	
ALTIMORE, MD. 21201 S AFTER DEATH = AN SINE PAGES 1, 2 AND TH FORM PM 3, RET AGES 1-AND 2 SHOUL VISION OF WITH PEC	16a. WAS DECEASED EVER IN U.S. (YES, NO. OR UNKNOWN) (IF YES, O	ARMED FORCES? INE WAR OR DATES) 16b. SOCIAL SECURITY N 217 64 92	1220 East	
UTED WITHIN 24 HOUR WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W HIALTERNSTE PERMIT P O MENTAL HYGENE, DI OR REMOVAL	PARTI DEATH WAS CAL	DUE TO, OR AS A CONSEQUENCE OF	graveoma	APPROXIMATE HITEWAY SETWEEN CHISET AND GEATH
RECORDS, ILD BE EXECUTED BE EXECUTED BE AS A BUTCH AN EXELLAN AN EXELLAN AN HEMATION		THE CONDITION FOR WHICH OPERAT		In autopsys
4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	194. DATE OF OPERATION 216. EXTERNAL CAUSE WAS	21s. TIME OF INDURY	The HOW INJURY OCCURRED LEMBER HATURE OF	YES D NO BE
DIVISION OF VITHE CERTIFICATE SWEITHER THE WO WARDED TO THE PAGE 3 SHOULD HEAVE DEPARTMENT THE PROPERTY.	UNDERLYING OR CONTRIBUTING CAUSE (THE INJURY OCCURRED WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	THE LOCATION STREET CHYON	
EDICAL EXAMINER. ITE THE CERTIFICATE A SHOULD BE FOR INERAL DIRECTOR. DOEAN, WITH THE S AGRE, MARYLAND, 3	death resulted from NACTURE ACTURE	arge of the remains which above, held an above held an arrival causes are a suident . Successfully suggests P. Rodfriguez, M.	M.D. Deputy MEDICAL EXA	DATE 7-30-81
100 BP	Burail 14 FUNERAL DIRECTOR	LISE DATE STANKE OF CEME	On Memorial Cemet	ery Suitland, Marylan

In the second se

fathered government TO TO LEAD IN STEAM MALON ME LEMAN exemple seconomic atticità a rappi (vetti eti tami and come as we wanted the transfer of the come.

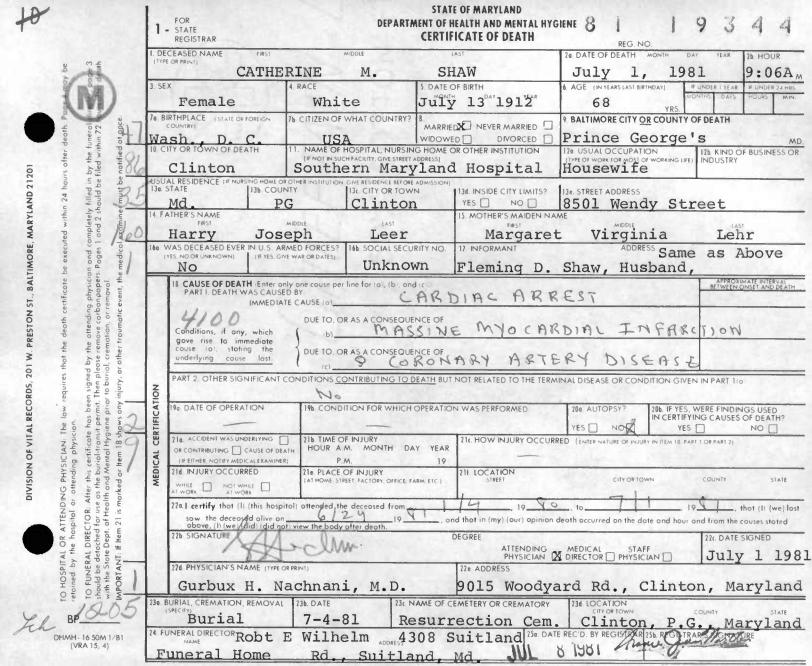
Stewart Ameril Band-400 Manning Reput His

STATE OF MARYLAND

the above the early the contract of the contra

X	Later II		FOR				E OF MARYLAND BEALTH AND MENTAL	HYGIEN	1 9	3 4	3
1			STATE REGISTRAR		ME		ER'S CERTIFICATE	OF DEATH REC	G. NO.		612
			EASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOW OF ESTI-		H DAY YEAR	26 HOUR
(M)				ALEXA		D.	SHANER	DEATH MATE	7.	-4 1981	M
		3. SEX	LE W	HITE_	S. DATE OF BIRTH MONTH DAY	1915 65 YR	Y) MONTHS DAYS HOURS	R 24 HRS. 26 DATE MIN PRONOUNCED DEAD	7-4	1981	15 M
•	24 A A A A A A A A A A A A A A A A A A A	Wa	shington I		U.S.A.		MARRIED NEVER MAR	CED Prince	Geor	es	MD.
	O O STREET	. 0	xon Hill		1313 5	outhern Aven		126 USUAL OCCUPATION FOR MOST OF WORKING LIFE Ret. AFFOUNT	(TYPE OF WORK	Service: Station	
21201	RETAIL HOULD	110 00	ATE ATE AND AND A		ROTHER INSTITUTION, G	Oxon Hill	13d: INSIDE CITY LIMITS? YES S NO		ern Ave	e. Apt 21	6
MD.	P N N N N N N N N N N N N N N N N N N N		THER'S NAME Harvey		MIDDLE K.	Shaner	15. MOTHER'S MAI FIRST Mary	DEN NAME MIDDLE	Tì	nompson	
BALTIMORE,	FTER FOR FOR FOR		VAS DECEASED EVER 15, NO. OR UNKNOWN) NO	IN U.S. AR/		578 03 285			RESS #13	(Wife)	
301 W. PRESTON ST., BA	TED WITHIN 24 HOLI 4 PENCIL IN ITEM 18 XAMINER ALONG MALTRANSIT PERMIT MENTAL HYGIENE, I	TION	18 CAUSE OF DEA' PART I DEATH V Conditions, If gave rise ta cause (a) statin lying cause last	AS CAUSEI IMMEDIA any, which immediate g the under-	D BY: TE CAUSE (a) DUE TO, OR (b)	e far (a), (b), and (c).) AND MYSE AS A CONSEQUENCE (APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 30	ILD BE EXECUPENDING." IN PENDING." IN PENDING." IN PAS A BURR HEALTH AND REMATION, C		PART 2 OTHER SIGNIFICAL Thy 11 190. DATE OF OPER	sm,	Head	contunio	NAL DISEASE OR CONDITION GIVEN IN ATION WAS PERFORMED?	PART 1 (a).		20 AUTOPSY	2
ALR	HOULD RD "PE CHIEF USED OF HE.	FICA	176. DATE OF OFER	ATION	170. CONDI	THOM FOR WHICH OFER	ATION WAS PERI ORMED:			YES 🗆	NO P
ON OF VI	S CERTIFICATE SHO RITING THE WORD RDED TO THE CHI E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL.	AL CERTIFICATION	21a. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		A. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN II	EM 18 PART 1 OR		110 2
DIVISIO	THIS CERTING WARITING WARBED I PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RED	21e PLACE STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	/	COUNTY	STATE
•	MEDICAL EXAMINER: THE CENTIFICATE, WOE A SHOULD BE FORW. THUREAL DIRECTOR: PATTER DEATH, WITH THE STATIMORE, MARYLAND, 212		22a. I certify that death resulted from ACTUAL SIGNATURE	Natu Natu	ral causes .	Accident . Su Accident . Su	Autopsy , Inspecticide , Hamicide DEPUTY M.D. Deputy ADDRESS 5009	MEDICAL EXAMINER Rayburn Ct., C	and in my , DAT SIGN	E 7-4	20031
170	PAGE EXEC	23a. B	urial, cremation,			230. NAME OF CE	netery or Crematory oln Crematory	23d LOCATION	C	OUNTY 51	TATE
Teh	DHMH - 17 (VR A15 ME (5))	24. F	147-0416		Sons Fundant	eral Home, I	•A•	E REC'D. BY REGISTRAR 256.	REGISTRAR'S	SSIGNATURE	7

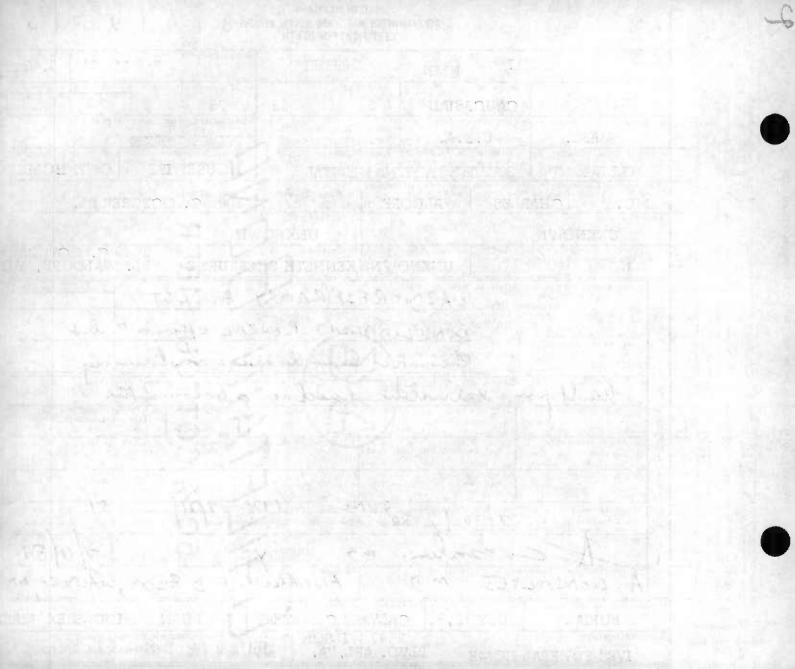
- unptanting det. econotant station ACL Juntimers Ave. aut 216 Marginal Reines fies Page 1811 (62) 42 Els an man complet 1) your 9181: 10 878 the attention [74] 31 The lines of the content of the content of the content and the content a Premis a Would Street Company March 2011 Wire Escale , a Chicago Hinter



* 1		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY(ICATE OF DEATH	GIENE	9 3 4 5
4 may be r, page 3 ofe Dept.	1. DECEASED-NAME Firs (Type or print) Luc		Lost 2	a. DATE OF DEATH 716/81Month Dog	Yeor ZSOP M
n. Poge	3. SEX Female	4 RACE White	5. DATE OF BIRTH 9/12/1908	6. AGE (In years last birth ay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
er dead	7a. BIRTHPLACE (State or foreign country) Ohio	118.	RIED NEVER MARRIED 9. CO	OUNTY OF DEATH Prince Georg	ge Md.
21201 24 hours of the by the death	10. CITY OR TOWN OF DEATH Cheverly	11. NAME OF HOSPITAL OR INSTITUTION give street editessing Geor	N (If not in hospital 12a. USUAL OG ge Hospital during out	CCUPATION (Kind of wark done working)	12b, KIND OF BUSINESS OR INDUSTRY Home
AND 21		ised lived, if institution: Residence before 13c. (19. nd3b. (OUNPrince Gorge G	TY OR TOWN 13d. INSIDE CITY LIMITS? Teenbelt YESE NO	TOOL STITLES THE THOMBER	wood Ter.
AARYLAND ted within 2 mpletely fillings 2 hours after 22 hours after 22 hours after 25 hours aft	14. FATHER'S NAME First Albe	rt Middle Mees Lost	15. MOTHER'S MAIDEN NAME First Gertr	Middle ude	Smith Lost
BALTIMORE, e be execut cron and cri popers. Per port, within	160. WAS DECEASED EVER IN U.S. AR (Yes, na, of the mann) (If yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY NO. 234 54 2972	17. INFORMANT Paul Shay (Sa	ame As # 13)	
PRESTON STREET, BALL he death certificate b he attending physicion cose remove carbon pop ovoi, and in any event	PART 1. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF	dia arre	nt o, dehydrit	APPROXIMATE INTERVAL BETWEIN ONSET AND DEATH CHICAGO CHICAGO COLLEGE C
RECORDS, 301 W. PRE: ow requires that the con. on. sist permit. Then please cremation, or removal.	= Severe co	DUE TO, OR AS A CONSEQUENCE OF (c) INDITIONS CONTRIBUTING TO DEATH BUT NOT RELA WASHINGTON WHICH OPERATION WAS PERFORME	D 20a. AUTOPSY?	ITION GIVEN IN PART I(a) SOCIOLE, AS 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
AL REI	21a. ACCIDENT WAS UNDERLYI BY CONTRIBUTING CAUSE OF O	EATH HOUR A.M. Manth Day Year	YES NO NO REIC. HOW INJURY OCCURRED (Enter nate	ure af injury in Part 1 or Part 2,	Item 18.)
DIVISION NG PHYSICI or attendi	While Nat while 22a. I certify that (I) (t	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	and that in my Plaur) apinior		Caunty Stote , that () we) last ate and haur and fram the
TAL OR ATTER by the hospin al OIRECTOR: be detoched for h and Mental	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	FranktoviD Grante MD	DEGREE PHYS. DIRECT	Terung Gre	DATE SIGNED 16/31 enbeltono zone
retained to FUNERAL should be of Health	230. BURIAL, CREMATION, 235. REMORAL (Specify) 7/	DATE 23c. NAME OF CEMETER Resurrect	Y OR CREMATORY 23	d. LOCATION (City or Town) Clinton P.C	(County) (State)
DHMH-18 1/71 30M (VR A15 (4))	24. FUNERAL DIRECTOR W.W. Chambe	address rs Riverdale Md.	250. REC'D BY RE		SIGNATURE

	talors yaga		art tour			
	4. 1. 1. 100 - 12:/4					
۰		and market conta				
	30.0207200		1000			
	the medit of the land.					
	_ T - T T T T T T T T T T T - T - T T T T T T T T T T T - T T T T T T T T T T T - T T T T T T T T T T T - T T T T T T T T T T T - T T T T T T T T T T T - T T T T T T T T - T					
		T STATE	100			
	and the second	o kun muna.				

2		FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.					
	# 6 # # # # # # # # # # # # # # # # # #	T DECEASED NAME (TYPE OR PRINT)	CILIA NMN	SHERBURNE	7 11 81 26 HOUR 7 11 81 5.40am					
	ge 4 mar on other o	female	CAUCASIAN	5 DATE OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS. NONTH'S DATS HOURS MIN.					
	58	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASS.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES MD.					
21201	86	CLINTON MD	SOUTHERN MARY	AND HOSPITAL	120: USUAL OCCUPATION (TYPE OF WORK: FOR MOST OF WORKING LIFE) HOUSEWIFE OWN HOME					
LAND 21	filled in hould be	MD. CH	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 136, CITY OR TOW ARLES WALDO	ORF YES X NO [3040 C. OCTOBER PL.					
MARYL	ompletely ond 2 si		UNKNOWN LAST UNKNOWN MIDDLE LAST							
TIMORE	IIMORE,	160 WAS DECEASED EVER IN U.S. A TYPES, NO GRUNKNOWN) I IF YES, O	ARMED FORCES? 166 SOCIAL SECU BIVE WAR OR DATES) UNKNO		ADDRESS 3040 C. OCTOBER [ERBURNE PL. WALDORF, M]					
RECORDS, 201 W. PRESTON ST., I	requires that the death certific an signed by the attending phy. Then please remave corbangor to buriol, cremation, or remaining or or other traumatic even injury, or other traumatic even	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUIDATION OF THE CONSEQ	PLCE OF heart disco DEATH BUT NOT RELATED TO THE TERM	RAL Efforsion R clut re à cardionneuly INAL DISEASE OR CONDITION GIVEN N PART 1101 abron abrin					
VITAL	HYSICIAN: The low ding physician. Secretificate hos be buriol-transit permit Mentol Hygiene prigrettem 18 shows on yor tem 18 shows on you have shown the prigret	19a. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEVEL STATEMENT OF LIVELS OF LEVEL STATEMENT OF L	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	206. AUTOPSY? YES NO ATTOM NO STATE OF INDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO ATTOM NO STATE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
DIVISION OF	TENDING PHYSisolated or offending TOR. After this ce for use as the buring Health and Merical is marked or the second of the second of the second of the second or the sec	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F pital) attended the deceased from	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE A 19					
	TO HOSPITAL OR AT retained by the hosp to Fundral Direct should be detached to with the State Dept. or IMPORTANT; if hem 2	obove. (1) (we) (did) (did) 278-Sto 774 PHYSICIAN'S NAME (179) A. GONSA	Corprint Corprint	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 120. DAT SIGNED 7/1/8/ B FED BLYA, WALDORF MY					
	₽ ₱ ₩ \$ \$ 8 P B P D P P P P P P P P P P	23a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d LOCATION MIDDLES EX STMA					
	DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME IVES FUNER	AL HOME ADDRESS.	2847 WILSON 250 DAI /D. ARL, VA. 250 DAI	EREC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE L 2 0 1981 Manu Gran Marth					



8 × ×		Item 18b G557 1- STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		9347	
		DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 2b HOUR	
y be		WI	LLIAM	SIMMS	07-10	-81 1:10PM _M	
0 0		sex Male	4 RACE Black	5 DATE OF BIRTH MONTH DAY 1 23	6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS	
	34	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT U.S.A.			TY OF DEATH	
on s offer d by the fu iled with	90	CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Laborer	12b. KIND OF BUSINESS OR	
24 hour filled in lould be f	3.5	13a STATE 13b CC	e or other institution, give residence by DUNTY 13c CITY OR TO COME GOOD TO COME TO THE COME OF THE CO	OWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 0603 Atwood Str		
MARYLA MARYLA ed within ond 2 sh exormnet	1 .	4 FATHER'S NAME George	MIDDLE LAST Simms	15 MOTHER'S MAIDEN NA Julia	WE	Warner	
MORE, e execution ond co Poges 1		60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 578 2	TOUGHT Cin	nms 6575 Hil	-Mar Drive	
S, 201 W. PRESTON ST., Built- uires that the death certification of the properties o	buriol, cremotion, or removal. ry, or other troumotic event, it		Canditions, if any, which gave rise to immediate couse in , stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE	the stefeter - Ch		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 CL
TAL RECORD The low required has been see has been signermit. The giene prior to shows ony inj	9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \)	
OF VI	9	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B. PART I OR PART 2)	
DIVISION ING PHYSI Tottending Os the burn Ith and Mee		AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE	
ATTEND cospital of the for used for used for used for used for used 21 is m		saw the deceased alive	or the body after death	64/	deoth occurred on the date and h	our and from the causes stated	
PITAL OK by the H IERAL DIR Se defection		22d. PHYSICIAN'S NAME (17	feller.		MEDICAL STAFF DIRECTOR PHYSICIAN	July 104 1981	
TO HOSPITA efained by O FUNERA should be de	1	TILL BERGE	MANN, M.D.	CENTER WAY	PROF. BLDG. GRI	EENBELT,MD.	
BP		33a BURIAL, CREMATION, REMOV (SPECIFY) Burial	July 15, 1981	Harmony Memorial	Park Landover	Prince Georges M	
DHMH-16 50M 7/77 (VR A 15 (4))		14 FUNERAL DIRECTOR 1011	ADORESS	e, Inc.	ERECO BY REGISTRAN SIL REG	TR R'S SUID ATURE	

			Tell plan
PRINCE GEORGES			
19-51-28	E NURSING CENTER	PATIENT CASE	CHEVERLY
	01204		a secol
native and a second	7.42 88	272	
	National Control		
	3 13 138		
			2/12
PROF. BLUG. GREENBELT, ND.		C.H., MAG ED.	

P. C. V. L. L. U specialists in resemble with

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) OF ESTI-Martin Singer DEATH MATED 190 & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 1 SEX 4 RACE 5. DATE OF BIRTH DATE d HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED 25 06 74 YRS DEAD 10 Male white Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED WIDOWED T Prince George Pennsylvania II S 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS **OR INDUSTRY** Liquor 9014 Rhode Island Ave. Sales person College Park George College Park 130 STATE 13d INSIDE CITY LIMITS? 9014 Rhode Island Avenue Prince YES NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sklar Elizabeth Singer Louis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. 20406 Meadow Pond Pl (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 36 9615 Richard Singer No Gaithersburg, Md. CAUSE OF DEATH (Enter anly one cause per live for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Careliovasous DUE TO, OF AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 3 SHOULD BE USE DEPARTMENT OF PRIOR TO BURIAL, C YES NO I 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER:

EXECUTE THE CERTIFICATE,

PAGE 4 SHOULD BE FOR,

TO FUNERAL DIRECTOR: P

AFFER DEATH, WITH THE 'SI

BALTIMORE, MARYLAND, 21 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner MEDICAL EXAMINER Rodriguez, M. DADDRESS 5009 Rayburn Ct. Temple Hills Mc Augusto (TYPE OR PRINT) 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Pr. Geo. George Washington C. Adelphi Md. Buria 24. FUNERAL DIRECTOR BATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Warner E. Pumphery Inc. 8434 Ga. Ave. SilverSpring, VR A15 ME (5)) Md -20910 15M 7/77

STATE OF MARYLAND

a complete a few particles of the sold of the sold of JUL STEEL ALL CLE

VI							STATE OF MARYLAN	ID			
R		1 -	FOR STATE				OF HEALTH AND ME		ENE 8	19;	3 4 9
		1 05	REGISTRAR	FIRST	MiDQL		LAST	AIR	REG. NO		
41 M E	70		OR PRINT)			t.	LAST		JULY DEATH	MONTH DAY YE	EAR 26 HOUR
y be dead				cil:		М.	Singleto			80 81	O IM
frer p		3 SE)	- 1	1	RACE		ATE OF BIRTH		6 AGE (IN YEARS LAST BIRTI		DAYS HOURS MIN
s o s	7-1-1		Female		Canco		5 7	89	92	YRS.	
4 90	40		RTHPLACE (STATE OR FORE)	IGN 7	CITIZEN OF WHA	AT COUNTRY?	ARRIED NEVER MA	ARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн
1 2 2	:10		Penn.		USA			DRCED	PRINCE GEO		MD
5 (M)	84	LA	TY OR TOWN OF DEATH UREL		GREATER	AUREL BEI	TSVILLE HO		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Vet. Adm	WORKING LIFE) INDU	IND OF BUSINESS OR STRY erk
BALTIMORE, MARYLAND 2120' cote be executed within 21 feets vysicion and completely ille opers. Pages 1 and 2 shall	36		AL RESIDENCE (IF NURSING TATE 131	HOME OR C		CITY OR TOWN 11ege P		Y LIMITS?	13e STREET ADDRESS 4908 Holl	lvwood R	oad
YLAI ithin tely 1	ner	_	THERSNAME			orrege r	15 MOTHER'S A			Lywood A	
d wild	18/09		Samuel	М	DDIE A	kroyd	Mary	ST	MIDDLE	TaT 37	rick
cuter con	9 1		AS DECEASED EVER IN	U.S. ARM		SOCIAL SECURITY			13 Holl 1986		
TIMORE be exect on and c	e medic	(Y	one (18	FYES, GIVE V	VAR OR DATES)	20 34 49			Singleton	Jr. (Son)
T., BAL tificate physical	nding physic corbonpope , or removal. totic event, th		18 CAUSE OF DEATH I		ane cause per line BY. CAUSE (a)	tarial, ibi, and ic	lmonary ar	rest			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ON S h cer nding sarba or re			491.0			A CONSEQUENCE	.OF				
EST deat otter	mna.		Conditions, if any, w		(b)	Pnesmmi	tie			d	longs
1 W. PR hot the by the ose rem	other tr			the last		A CONSEQUENCE		monary	dress		year
to Signed Then ple	njury, or	NO	PART 2 OTHER SIGNIF		Inditions conti	RIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMI	nal disease or cont	DITION GIVEN IN PA	RT 1/a
bos hos	Shows ony	CERTIFICATION	19a DATE OF OPERATIO			N FOR WHICH OPE	RATION WAS PERFORM	MED	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED LUSES OF DEATH?
A OF VITA SICIAN The og physicia certificate rial-transit entol Hygie	8 0	CER	21a. ACCIDENT WAS UNDERL		216. TIME OF IN	JURY MONTH DAY	21c. HOW INJU	JRY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	RT 2)
ON OF VITA HYSICIAN I ding physici is certificate burial-transi Mental Hygi		AL	OR CONTRIBUTING CAUS		P.M.	MONTH DAY	19				
VISION G PHYSI offending er this ce s the burn and Mer	morked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE OF II	NJURY ACTORY, OFFICE, FARM, I	211. LOCATION	1	CITY OR TOW	n count	TY STATE
00 00		10	22a.1 certify that (1) (th		il) attended the de	ceased from	6/3	19 81	_, to 7/30	19.81	, that (I) (we) last
E E C o A	21 is		saw the deceased above, (I) (wet (did)	alive an_	71.30	19 81	, and that in (my) (apınian d	eath accurred an the do	ite and haur and frai	m the causes stated
IREC.	tem		22b. SIGNATURE	1 0141-1101	view the body afte	death	DEGREE			22c.	DATE SIGNED
0 0 0 00	± =		Buch	101	Johnson	/	MD. ATT	TENDING	MEDICAL STAF	FIAND	7/30/81
HOSPITAL ned by the FUNERAL Jid be det	Z-		22d. PHYSICIAN 5 NAME	E (THE OA)	HINT)		22e ADDRESS	HOICIAN (ID	DIRECTOR		1 /
TO HOSPITAL retoined by th TO FUNERAL should be deta	OR		BYRL D). T	HINSON 1	M.D.	4404	Queen	rbury Rd. R	iverdale mid	1. 20737
TO F show	¥-	23a B	URIAL, CREMATION, REA		23b. DATE		OF CEMETERY OR CR		23d. LOCATION		
690BP		{4	Burial	MOYAL	8/3/81		ngton Cei		CITY OR TOWN	COUNTY	Va.
			INERAL DIRECTOR				0	25	Arlingt	Hama G.	NATRET!
DHMH - 16 60M 1/75 (VR A 15 (4)))		inec/Pinal	1 .1 .2	17 11 1 10	ADDRESS	0.03	1	7 (00)	0	mail in a supre
		(1	I HES/KIND	107	H H I I X		M & CATE	(1)			

the min converte of the life of

April 1881 Home Journal

b	1	500				OF MARYLAND	(2) I	1 0	-y 500 A
	1	FOR - STATE		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	1 4	3 5 0
		REGISTRAR					REG. NO		
(Mh.		ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		YEAR 2b. HOUR
41/20		JOSEPH	I I	7. SI	KNERSK	I	0	07 07 8	1 1:41P.M _m
	3. S	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDE	ER LYEAR IF UNDER 24 HRS
urs of		MALE	WHIT	E	MAR	2 1908 YEAR	73	YRS.	DAYS HOURS MIN.
Po Po	7a. I	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
de at	P	Α.	US		WIDOWE	DIVORCED [Prince Geor	ges	MD.
with with	10 0	CITY OR TOWN OF DEATH	II NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	120. USUAL OCCUPATE	ON 12b.	KIND OF BUSINESS OR
D s off	C1:	inton		Maryland		ital	AUTO MEC		DUSTRY
212 hour hour hour hour	USU	JAL RESIDENCE (IF NURS IC IOM STATE		, GIVE RESIDENCE BEFOR	ADMISSION)			TANILI	
MD 21:	130.	MD.	PG	SUITLA		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4836 EAS'	וארו דאר דאו	11004
within within d 2 sho	14. F	ATHER'S NAME	10	LOCTION	TAD	15. MOTHER'S MAIDEN NA	14030 EAS	IERN LA	NE #204
MAR ed will ond 2	2	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST
comp comp	160	WAS DECEASED EVER IN U.S.	A PAAED EORCESS	SKNER 1166 SOCIAL SECU		CATHER 17. INFORMANT	INE	· ·	Not known
NOR exec ages	100	IVES NO OR LINKNOWN) / LEYES	GIVE WAR OR DATEST						Above
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill yol.		YES 19	131-1939	227-12	-409	Anna F.	Sknerski,		Same as
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	r line for (a), (b), an	d (c).				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			HATE CAUSE (0)	PULK	LOUNT	TRY ED	EdiA		30141
PRESTON ST., he death certifi he ottending ph emove corbonp motion, or remo		3/30	DUE TO, C	R AS A CONSEQU	ENCE OF		N :		
RESTON e death ce tothendin move corb rotion, or it		Conditions, if any, which	(b)_	CHRO	m'e	PULMONX	ANY HIR	ROSI'S	5- 4843
		gove rise to immediate couse (a), stating the		R AS A CONSEQUI	ENICE OF				
s that the table seed by the service rial, crear or othe		underlying cause lost.	(5)	OLD	P41	124 NOZA	CARC'X	10 HA	5 YEARS
0 5 12 2 .		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN IN	PART I(n)
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	N N	HE	PATIP	FAI	LUN	E. DURTO	MEMALT	AN'P C	ARCINO MA
been repries	CERTIFICATION	190. DATE OF OPERATION	196 COND			WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	E FINDINGS USED
VITAL RE IN The In hysicion. Iicote hos Irransit per Hygiene J 18 shows) E	A CAMPAGE AVEN					YES T NOT	IN CERTIFYING (CAUSES OF DEATH?
VITA VITA NN: TH hysicid ficote rransit Hygiid	1 8	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR			
SICIAN: TIng physicing physicing certificate urial-transition than 18 sh		OR CONTRIBUTING CAUSE OF	DEMIII	M. MONTH D					
HYSICIA HYSICIA riding ph riding ph burial-tr I Mentol or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		M. OF INJURY	19	211 LOCATION			
VISIC Trenchitten or this the band a	AE	WHILE NOT WHILE		REET, FACTORY, OFFICE P	ARM, ETC)	STREET	CITY OR TO	wn co	UNTY STATE
DIVIS DING P ar after the e os the olth and					70	11 11 11 11 11 11	= 3	-	
		220.1 certify that (I) (this has saw the deceased alive		7/R/19		N. 1-20/19 7.5	10 /02	, 195	, that (I) (we) lost
OR ATTEN OR ATTEN DIRECTOR: Sched for up Dept- of Hem 1 is		obove, (I) (we) (did) (did	not) yew the body	after death.		d that in (my) (our) opinion (deoth occurred an the do		
OR DEP		22b. SIGNATURE	111.	1/0		ATTENDING	MEDICAL STAF		c. DATE SIGNED
_ ± _ + 0			/ Vien	VKale	pune.	PHYSICIAN [MEDICAL STAF		7-8-81
HOSPITAL ned by th FUNERAL vid be det of the Stote		22d. PHYSICIAN'S NAME TY	1	/		22e ADDRESS	.001 -	-10	1.11 10
TO HOSPITA TO FUNERA Should be de with the Stot		BRUNO	KOLE	Cot. 1	40	4400 STA	re1 veor. Y	EMPLET	4465 70031
70 5 0 5 MM	23 o.	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c.1	NAME OF CE	METERY OR CREMATORY	23d LOCATION		
BP		Burial	7-10-			erans Cem.	Chelter	ham DO	G, Maryland
	24 F	UNERAL DIRECTOR RObt			300 0	Lui + I and Ba DAT	E REC'D. BY REGISTRAN	25b. REGISTRAR'S	SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	F	ineral Home	Rd	Suitla	nd M	d John Jan Gul	6 1981	any O	17 - i

the contract of the second second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) Arthur OF ESTI-6 Smith DEATH MATED 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 6:35A black 81 male 7-15-33 48 YRS DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George County North Carolina United States WIDOWED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W AL RECORDS, 201 W.A ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Prince George County Hospital FOR MOST OF WORKING LIFE)
Retired Cheverly USUAL RESIDENCE (IF IN NUR I OME OB OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Isa INSINYES SMITS 13c CITY OR TOWN COUNTY 130 STREET ADDRESS TRANSIT PERMIT. PAGES I AND 2 SHOUNTAL HYGIENE, DIVISION OF WITAL REC Washington, DYESCI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Dorothy Crowder A.D. Smith 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. I (IF YES GIVE WAR OR DATES) 245-43-7873 Howard Smith- SAME AS ABOVE ves Korea 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 🕡 NO [3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 6/26/81 pedestrian struck by vehicle 11:22M.PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) 21201 NOT WHILE AT WORK 4900Blk MarlboroPike, Hillside, PG county, MD roadway 220. I certify that I took charge of the remains described above, held on Inspection Undetermined manner TITLE (SPECIFY) ACTUAL 6/27/81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Hormez R. Guard. MD ADDRESS 111 Penn Street. Baltimore. MD 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 7-11-81 Burial Harmony Memorial Landover, Maryland BP. 250. DATE REC'D. BY REGISTRAND 156 REGISTRAN'S SIGNATURE 24 FUNERAL DIRECTOR WASH., D.C. DHMH-17 FUNERAL HOME 389 R.I. AVENW (VR A15 ME (5)) 15M 2/80

With the terminal of the state gill di, redistraraj en 111, majan a e e c

2	d		Items 18c. Film#G558 STATE OF MARYLAND	10 mg 100 Mg						
4	6	1 - STATE 8/11/81 A1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO								
√ be •	page 3 death	I DE		YEAR 26 HOUR 450 P, M						
Page 4 ma	irector, paurs after d	1 SE	emale Black 2 12 OH 77 YRS.	IF UNDER LYEAR IF UNDER 24 HRS						
- dearn.	n 72700 n 72700 rtifted at	W	ASTHOLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED IN PAINTER CITY OR COUNTY WIDOWED DIVORCED DIVORCED	MD.						
201 ours after	by the fed within	Us	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (F NOT IN SUCH FACILIER, GIVE STREET ADDRESS)) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY						
rLAND 212	hould be filled in karainer mu	1	IL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION TATE 134, COUNTY 134, COUNTY 134, COUNTY 134, COUNTY 134, COUNTY 134, INSIDE CITY LIMITS? 130 STREET ADDRESS YES NO 1740 TO THER SINAME	Rd April F						
E, MAR)	and 2 s		FIRST UNKNOWN LAST FRESHAHLE WAIKE	LAST						
TIMORI te be ex	Pages 1		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (S. NO OF UNKNOWN) 18 YES, GIVE WAR OR DATES) 578-30-4536 MAY NAMED SMITH (husb	and) some AS						
ST., BAL	ng physic on papers r removal natic ever		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH G CLOCK						
RESTON the death	the attendi emove carb emation, o other traur		Conditions, if any, which gove rise to immediate	YEARS						
OT W. P	ed by the ease rem rial, cren ry, or ot		couse (a), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Tiology unknown (c)							
PRDS, 20	een signe Then plo or to buu any inju	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE WENCE SYPHUS I PROPORTE & MENTER SYNDREY	N IN PART I(a)						
AL RECC	t permit.	CERTIFICATION	IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?						
YSICIA Obysiciar	s certifica al-transit ental Hyg r Item 1		210. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY 210. TIME OF INJURY 110. TIME OF INJURY 110. TIME OF INJURY 110. TIME OF INJURY 110. ACCIDENT WAS UNDERLYING TO THE NATURE OF INJURY IN ITEM 18, PA 210. TIME OF INJURY 210. TIME OF INJURY 211. TIME OF INJURY 211. TIME OF INJURY 212. TIME OF INJURY 213. TIME OF INJURY 214. TIME OF INJURY 215. TIME OF INJURY 216. TIME OF INJURY 216. TIME OF INJURY 217. TIME OF INJURY 218. TIME OF INJURY 219. TIME OF INJURY 210. TIME OF INJURY 211. TIME OF INJURY 212. TIME OF INJURY 213. TIME OF INJURY 214. TIME OF INJURY 215. TIME OF INJURY 216. TIME OF INJURY 217. TIME OF INJURY 218. TIME OF INJURY 218. TIME OF INJURY 219. TIME OF INJURY 210.	RT 1 OR PART 2)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DDING PHYSICIAN: The law requires that the death of ttending physician.	After this the burieth and Me	MEDICAL	214 INJURY OCCURRED WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE						
TTEN	ECTOR: for use a . of Heals em 21 is		226 I certify that (1) this hospital) ottended the deceased from 2 19 19 19 19 19 19 19 19 19 19 19 19 19	ond from the couses stoted						
TAL CITY the hospi			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/2 DATE SIGNED						
TO HOSPI	TO FUNERAL DI should be detache with the State De IMPORTANT: If		P SCHISSLER MD 7100 BAT. BLVD Coll.	Ph Md 20140						
350	20	22a t	BURIAL 7-28-81 Md. Nat'l Nom PK Liauret M	onta Md.						
	DHMH-16 25M 'RA 15, 4) 1/79	24 F	Secret R. Snowden Rockville Md. 10127 1981 France	ARS SIGNATURE						

Section 1997 And Sectio

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13 hour at 10 hours to hour at X PATTER ST 381 DE 198 JUL 2 4 138 JUL

\/	1	1	Item #2d F	ilm G55		re STA			CIENT			0 100 0
3		11-	STATE			PARTMENT OF			4.4		9 .	5 4
		1. DE	CEASED NAME	FIRST		AIDOLE	LAST	ICATE OF		REG. NO.		
	MANAGE OF ARRIVE			MArgo	vet i.	41	Sm. H.		OF		MONTH DAY	YEAR 2b. HOUR
	PLEAS ECTOR P. FILES HOUR STREET	3 SE			DATE OF BIRTH	thevine a	ARS IF UNDER 1 YR	IF UNDER 24		H MATED	MONTH DAY	19 8/ M
	五名 · 大臣	L	- , 11	hite "	ONTH DAY	YEAR LAST BIRTHO	AY) MONTHS DAYS		MIN PRONOI	UNCED -	- 2-8	0,200
	S T S	30 8	IRTHPLACE (STATE OR		CITIZEN OF WHA	T COUNTRY?	RS.		202	MORE CITY OF	COUNTY OF	19 3 2M
	記載な更新 出れ	FC	DREIGN COUNTRY)			COONINT	MARRIED N			0-	COUNTY OF	DEATH A.P
	724 -	10. C	ARYLAND ITY OR TOWN OF DE	ATH III	USA WIDOWED DIVORCED PRINCE GEOTILI NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LIVE OF							IND OF BUSINESS
	到到 74	10			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)							OR INDUSTRY
	AN THE !	USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION									Civ	1 SERVICE
102	3022000	13a. S	TATE	PG.	1	3c CITY OR TOWN	13d. INSIDE	CITY LIMITS?	3e STREET ADD	RESS		
21201	- 3 2 2 m	1111	ARYLAND ATHER'S NAME	16.	<u>l</u> :	HUATTSVILLE	YES 🗶		4400 73	RD AVEN	SUE	
MD.	URS AFTER DEATH. 8 GIVE PAGES 1, 2 WITH FORM PM 2 PAGES 1 AND 2 DIVISION OF VITAI	14.7	FIRST	MI	DDLE	LAST	Is MOTE	HER'S MAIDEN	NAME	MIODLE		LAST
ORE,		160	ARTHUR WAS DECEASED EVER	INIIS ADALED	FORCESS	DAVIS 166 SOCIAL SECURIT	Y NO. 17, INFOR	ARIE		ADDRESS	SAVIG	NOL
BALTIMORE,	FTE PO	100.	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)						- B	
BALI	JRS AFI	-	NO	N/A		577-28-39	01 Jame	es V. Si	WALL .	SAME T	30	
	HOU FG V MIT.	1	18 CAUSE OF DEAT PART I DEATH W	VAS CAUSED BY	/Wa-	r (a), (b), and (c).)	who de	udeby.	anula	Alm		APPROXIMATE INTERVAL
NO.	HIN 24 HO IN ITEM 19 R ALONG SIT PERMIT HYGIENE,		409.	IMMEDIATE C	MUSE (O	- Dul		ower y s				
PRESTON ST	テニマのエラ		Canditions, if	any, which	DUE TO, OR AS	A CONSEQUENCE	Jr					
	D WITHIN PENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		gove rise to cause (a) stating	immediate	(b)	4.6001650151155						
301 W.	DIED WITH N PENCIL F EXAMINER HAL-TRANS MENTAL F		lying cause last.		DUE TO, OR AS	A CONSEQUENCE	OF.				374	
	EXECUTED JOHN DE JOHN OR R		PART 2 OTHER CICKIEICAN	T CONOLLIONS CONT	(c)	NOT RELATED TO THE TERM						
RECORDS,		z	TAKE 2 OTHER SIGNIFICAN	II CONDITIONS CONT	HOUTING TO UEATH BUT	NUI RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART I	(a).			
REC	HOULD BE ESTON TO THE MEDICAL OF HEALTH A CHEALTH	CERTIFICATION	19a DATE OF OPER	ATION	TIPE CONDITIO	N FOR WHICH OPER	ATION WAS PERFO	PMED?			In	AUTOPSY?
₹	SOEDA	FIC				THE THE THE THE	ATION WASTERNO	MAKED:			20.	
	SO HI T	ER	21a. EXTERNAL CAU	SEWAS	21b. TIME OF IN	JURY	21c. HOW INJUR	RY OCCURRED	LENTER NATURE OF	IN HIRY IN ITEM 18 PA	PT 1 OP PART 2)	YES NO D
OZ	THE TO THE TANK		UNDERLYING		HOUR A.M. N			occomize			mi i On i Ani 2)	
DIVISION OF	S CERTIFICATE SP RITING THE WOR RDED TO THE C SE 3 SHOULD BE E DEPARTMENT I PRIOR TO BURIA	MEDICAL	21d. INJURY OCCUR	RED		INJURY (AT HOME,	21f. LOCATION					
Pro	RITING REPERTING TO THE DISC.	N.	WHILE NOT AT W	WHILE	STREET, FACTORY	/, FARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
	WAN WAS									7		
	EXAMINER: CERTIFICATE, JUD BE FORE DIRECTOR: U		22a. I certify that I taak charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and in my opinion									
	EXAMIN CERTIFIC JID BE DIRECTO WITH TH		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,									
	DIE WAR		ACTUAL	Helow	A Y.X	ducere		(SPECIFY)			DATE 4	1-28-81
	CAL THE SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO		SIGNATURE	100	11	10	M.DDG	eputy	_MEDICAL EXA	MINER	SIGNED 7	00 01
	MAO MAO	pal -	EXAMINER'S NAME	Aldusta	D Dodn	i auga N T		5000 D				
270	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21	230 B	(TYPE OR PRINT)URIAL, CREMATION, F	Avgusto		iguez, M.I	AETERY OR CREMAT		ayburn (ple Hil	Is, Md.
2/0	0	(:	PECIFY		July 1981		HEAVEN CE	Gno	23d. LOCATION	aning.	COUNTY	STATE
Tet	BP	24. F	JURIAL DIRECTOR	101	- 419 / 101	TOHIC OT	HOHVEN CO	25a. DATE REC	D. BY REGISTR	PRING- PAR 256 REGIST	MONTO,	MD.
1	(VR A15 ME (5))	6	RANT F.U.	9013 0	ADDRESS R	A Landon	· mo		25 150	1/2	u Jan	Martha

the second of the second Fines White Jose - By 27 Trans AND THE RESIDENCE OF THE PARTY the transfer of the second sec

20		1		81 AL	Film#G55	O STA		AARYLAND LAND MENTAL H	YGIENE I	1 9	3 5	3	
		1-	STATE O/ 12 REGISTRAR	/OI AL		DICAL EXAMIN				REG. NO.			
			CEASED NAME	FIRST		MIDDLE			20. DATE KNOWN OF ESTI-			DAY YEAR 26 HOUR	
1.5	DENEE.		NICHOLAS Nicholas Soussanin DEATH MATED						ATED []	7-17-81			
PRESTON ST., BALTIMORE, MD. 21201	当日本支援	3 SE)	4.	RACE	5. DATE OF BIRTH MONTH DAY	6. AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER	MIN PRONOUNCE	MONTH ED	H ĐÀÝ YEA	25 ! 36	
	ARY, DIRE			white A	ugust 21	.1930 50 Y	RS.		DEAD		-17-8½	DW	
	ESS		BIRTHPLACE (STATE OR FOREIGN COUNTRY) California CITY OR TOWN OF DEATH			HAT COUNTRY?	COUNTRY? 8. MARRIE		HED NEVER MARRIED . 9. BALTIMORE CITY OR		ge's County MD.		
	を対します。				U.S.A.	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESS)		OTHER INSTITUTION 120 USUAL OCCUPATION (TFOR MOST OF WORKING LIFE)		George's			
	多五层面是	10. C1			(IF NOT IN SUCH FA					G LIFEI	OR INDUS	OR INDUSTRY	
	1 8 TO A		Cheverl		Prince	George's Co. H		lospital	Landscapi	ng Contr	Self	Self Emp.	
	ANY DEL AND 3 TO RETAIN HOULD BI RECORDS	13a. S		113b COUNT		13c CITY OR TOWN District I		13d. INSIDE CITY LIMITS? YES TO NO	13. STREET ADDRESS 5236 Mar	lboro Pi	ike		
	H. IF 7 3. 2 Si 1 AL		THER'S NAME		WIDDIE	Soussanin		15. MOTHER'S MAIDE	N NAME MIDD	MIDDLE		acklanova	
	M PA PA	1	Nicholas		N.			01ga	Ba				
	VE PA FOR FOR GES 1 SION	16a. V	VAS DECEASED I ES, NO, OR UNKNOW! Yes	(IF YES, GIVE V	WAR OR DATES)				52 Soussanin D	5236 Marlbonussanin District H		1d.	
1	WITH PA		18. CAUSE OF	DEATH (Enter and TH WAS CAUSED	y ane cause per line	e far (a), (b), and (c).)					APPROXIMA BETWEEN ON	SET AND DEATH	
NO	24 HOUI ITEM 18 LONG V PERMIT GIENE, I		immediate cause (a) Gunshot wound of chest										
EST	NO WOO	111	Canditions, if any, which										
DIVISION OF VITAL RECORDS, 201 W. PR.	ULD BE EXECUTED WITHIN 24 HOWENDING". IN PENCIL IN ITEM 1 FENDING. IN MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	-	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF										
		1	lying cause last.										
08, 2	FECU NND NTIO	18	PART 2 OTHER SIGN	IFICANT CONDITIONS (ONTRIBITING TO GEATH	BUT NOT RELATED TO THE TER	MINAL DICEAS	OP CONDITION CIVEN IN BA	PT 1				
ORC	D BE EXE PENDING MEDICAL AS A BU EALTH AN CREMAN	Z			The second of the second	TOTAL RECEIPTO TO THE TER	MINAL DISERS	C ON CONDITION OFFER IN TH	KI I IU.				
2	HIEF MED AS OF HEALT CRE	CERTIFICATION	190. DATE OF C	PERATION	19b. COND	ITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPS	Y?	
ITAL	SHOUL ORD "I CHIEF E USEC URIAL	J. Die								YESXX	NO 🗆		
) F <	THE CHIE SHOWN THE CHIE CHIE OF US WENT OF TO BURING	1 8	210 EXTERNAL	-	216 TIME O			OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR	PART 2)		
NO	RTIFICATE SI NG THE WO D TO THE C SHOULD BE PARTMENT RIOR TO BU	X	UNDERLYING CONTRIBUTING	OR G ☐ CAUSE OF □	EATH 12:10	PM 7-17-81	su	bject shot					
VISIO	ERTING FD 1 3 SH PRIC	MEDICAL	21d. INJURY OC	CURRED	21e PLACE	OF INJURY (AT HOME,	21f. LO	CATION	CITY OF TOWN		COUNTY	STATE	
ă	WRII WRII ARE 1201	1 2	AT WORK	NOT WHILE -	str			4814 Upsh	ur Street	Bladens	burg, Ma	ryland	
	EXAMINER: THIS CERTIFICATE SHOULD CERTIFICATE, WRITING THE WORD "POUND BE FORWARDED TO THE CHIEF HOSE THOSE SHOULD BE USED WITH THE STATE DEPARTMENT OF HE MARYLAND, 21201 PRIOR TO BURIAL,					scribed above, held an	Autap	sy XX, Inspectio	n , Inquiry [and in my	apinian		
	STA STA		death resulted fram: Natural causes . Accident . Suicide . Hamicide XX. Undetermined manner .										
	DIRE FOR			11/	10 A	(Jd. 1)	1	TITLE (SPECIFY)			L UNION		
	E HOLE	-	ACTUAL SIGNATURE	1401	ykile	The price	V_M	Assistant	MEDICAL EXAMIN	IER SIG	NED 7-1	8-81	
100	NOS)	EXAMINER'S NAME										
	TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING TO ALINEAR DIRECTOR: PAGE 3 SH AFTER DEATH WITH THE STATE DEPT INDICE MARYLAND, 21201 PRI		(IYPE OR PRINT) Margarita A. Korell M.D. ADDRESS 111 Penn Street										
	2 80	23a.B	URIAL, CREMATION, REMOVAL 138. DATE 23. NAME OF CEMETERY OR CREMATORY CITY OR OWN STATE 136. LOCATION COUNTY STATE 17/20/81 Cedar Hill Crematory Suith Pr. George Md.										
10	BP	24 5		Cremation 7/20/81 Cedar Hill Crematory Suitland Pr. George Md. Suitland Pr. George Md.									
Leh	DHMH - 17		NAME		meral Ho		_	Md. JUL	2 1 1981	name 9	an March		
1	(VR A15 ME (5)) 15M 2/80			LUZUB F	MICLAL III	AME OXUII I	*****	170.		0,1			

parate the testal walks inc - - - ori Landschild Contr. Dell Line. Triangle . To the control of the con Marchae E. Sousganin Clea Ecrean 292-24-8356 Tanya M. Ecreanin Marriot Beta., Ed. m / pm / Am Part , towns I is no sea the town of the second of the 2 Table 14 Trees To the Control of t Cremation 7/20/81 Coder Hill Crematory Chirical Sec. Chiraca Md. 6160 Coom Hill Hd. tourne of Malan Supered Home Crop Hill, Me.

W	1,	FOR			DEPARTMENT C	FHEALT	H AND MENTAL H	IYGIENE		9	0 0	0
M	112	REGISTRAR					CERTIFICATE C		REG. NO.			
		CEASED NAMI	FIRST		WIDDIE		LAST	2a. DATE	KNOWN F	MONTH (DAY YEAR	2b. HO
w. W	(TYF	E OR PRINT)	Ray		Walter		Inmouse C	OF	ESTI-	7-2-	- 81	12
١	1.5E		4 RACE	S. DATE OF BIRTH		YEARS IF UI				MONTH	DAY YEAR	62400
		nale	white	MONTH DAY	YEAR LAST BIR	MONT		MIN. PRONOU	NCED	7-2-	81	
		RTHPLACE (5)		11-30-1		YRS.		DEA	MORE CITY OR		19	p
į	FC	REIGN COUNTRY)					NED XXNEVER MARR	IED				
		Marylar		US		WIDOV		ED Prir	ce GEor	ge's	County	7 M
ĺ	/1	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	SELT -EM	JPATION (TYPE O	F WORK 128	i ZZZ	USINESS TRYON
		everly		1	orge s Co	-	lospital	Self-Lin	projed	1	1424 0	hop
_		TATE	(IF IN NURSING HOME O		136 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS			
5		Md.		AACo.	Riva			3023 Mar				
	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDIE		TZAL	
1	D	Clarenc	e Wi	lliam	Sprouse		Nellie		THEFALL	Mil	burn	
	16a. \	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
	(Y	ES, NO, OR UNKNO	(IF YES, GIVE	-1965	217-44-7	800	Mary T. S	prouse	Sam	e as	#13	
1				ly one couse per line			1.2.3 2.0	P- 0400	Call	1	APPROXIMA	TE INTERVAL
		PARTIDE	ATH WAS CAUSE			oot in	nhalation a	nd therma	1 hurne	. 1	BETWEEN ONS	ET AND DEATH
		90	MMEDIA"	IE CAUSE (0)	AS A CONSEQUENCE		III GEGERAL G	ile biletine	I DULIE			
	2	Condition	if ony, which	DUE TO, OK	AS A CONSEQUENT	LE OF						
	1	gove ri	se to immediate									
		lying cou	stoting the <u>under</u> - ise lost.	DUE TO, OR	AS A CONSEQUENC	CE OF						
				(c)								
		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	ERMINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a).				
	o N		2.41									
	CAI	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH O	PERATION V	VAS PERFORMED?				20 AUTOPSY	Y?
	CERTIFICATION										YES XX	K NO
5	SE		L CAUSE WAS	21b. TIME OF	MONTH DAY Y	EAD	IOW INJURY OCCURRE				2)	
1	1	UNDERLYING CONTRIBUTI	G	DE ATH 12:29	M 7-2-81	sub	ject invol	ved in an	explosi	.on		
	MEDICAL	21d INJURY C		21e PLACE C	OF INJURY (AT HOME		CATION					
1	X	WHILE AT WORK	NOT WHILE D	apt.	dwelling	640	9 Landover	Road Ch	everly.	Mary	land	STATE
1				1 -								
7	1	22a certi	fy that I took charg	ge of the remains des	cribed obove, held o	n Autor	psy XX , Inspectio	in . Inquir	, L. ond	in my opini	ion	
		deoth result	ed from: Notu	rol couses,	Accident XX	Suicide	, Homicide	Undetermined r	nonner			
á		ACTUAL	01	To 1	L Ud.	0,	TITLE (SPECIFY)			DATE		
		ACTUAL SIGNATURE	Tho	your 1	me or ou	<u> </u>	M.D.Assistant	MEDICAL EXA	MINER	SIGNED.	7-3-87	
-) -	EXAMINER'S	NAME	0								
P	-	(TYPE OR PRI		carita A	K_rell,M	-D	ADDRESS 111	Pann Ger				
	23a.E	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
	1	Buria	TION, REMOVAL	7-7-81	Lakemon	nt Cem	eterv	Davidso	nville	AACO	Mo	
		UNERAL DIREC					25a. DATE	REC'D. BY REGISTR	AR 256 REGIST	RAR'S SIG	ANDles	-
		Hardest	y Funera	1 Home	Annapol	is MA	4 4 4 4	6 1981	fro	gray		/
		3050	J rullel'd	T HOME	MINIAPUT.	LO. I'll		U 100	-			

tions of a test of the mist are d state gales at oracle control with the Stoll me no back innel thought and a stoll lower m the lane are at 1 ml was der journ - 1-7 ... 2:11 Manager in agreement than several within anythous appear Paration and the second ~ arrenge many and the control of the

The same of the sa many the common and t Sunbalant rest are in 12.2.2. Lieu attend

DHMH-16 30M 2/80 (VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. GOVT 6708 BURDER PLACE MIDDLE GARFIELD 17 INFORMANT 15822 LIVINGSTON ROAD DOROTHY L. UNDERWOOD, ACCOKEEK, MD. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2) CITY OF TOWN COUNTY STATE _, and that in (my) (our) apinian death accurred on the date and haur and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN NEW MEXICO AVE. WASHINGTON. D.C. 23d LOCATION SUITLAND. P.G. MD. WASH. NAT. CEMETERY BURIAL 8-4-1981 HUME 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Trance

STATE OF MARYLAND

REG. NO

31,

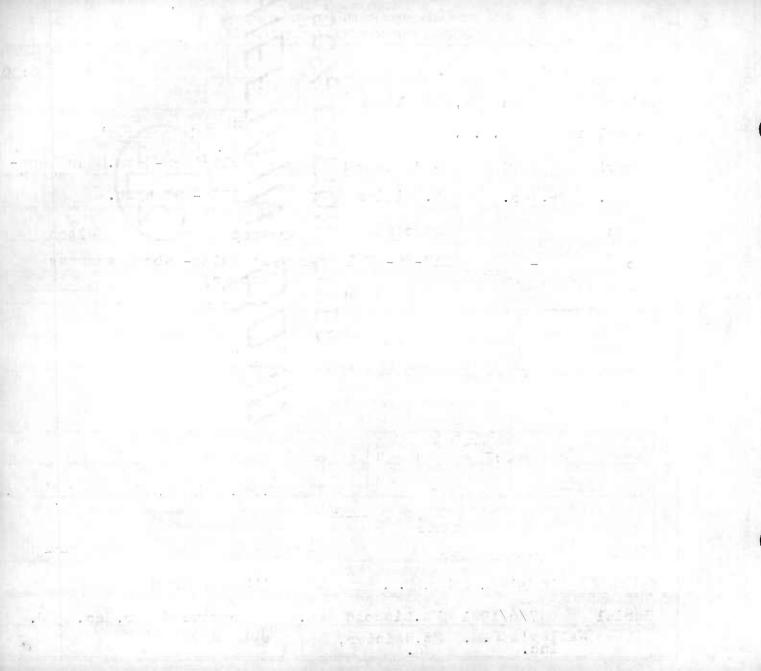
1981

STNDER LOEAR

2b. HOUR

the state of the s and appear mes a few later many the second state of the 121 91 P 13 WHT - N TH T - 20 WH B J.C MUTUWITHE Early Court February Action Contract, C. L., Ph.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN [X] 2b. HOUR (TYPE OR PRINT) ESTI-Sharon Stoots DEATH MATED 81 19 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER) YR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 24.1964 Female White 17 DEAD 19 81 YRS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland Prince George's County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Splicitor-Wash. Star Prince George's General 2, AND 3 TO 3. RETAIN PA Cheverly Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr. Geo. 130. STATE t.Rainier 13d. INSIDE CITY EIMITS? Md. YES -NO [OPWITAL! 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Stoots Dan Helton Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION IYES, NO. OR UNKNOWN) 217-86-4981 Margaret Smith- above address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMNER: THIS CERTIFICATE SHOUL EXECUTE THE CREME WRITING THE WORD "PROSE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURRIAL. 20 AUTOPSY? YES X NO 1 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AN MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3: 32P.M subject in housefire 1981 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME. STREET, FACTORY, FARM, ETC.) AT WORK AT WORK home Rainier Prince George's 220 I certify that I took charge of the remains described above, held an Autopsy Accident X Suicide Undetermined monner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL 7-2-81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan. M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY (SPECHTY) Burial t.Lincoln Cem. 6/ Brentwood Pr. Co. 24 FUNERAL DIRECTOR Nalley's 250. DATE FEID. BY REGISTRAR 256. HE THANKS THAT Mt.Rainier, **DHMH-17** (VR A15 ME (5) 15M 2/80



	FOR STATE REGISTRAR	DE	PARIMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8	193	60
	DECEASED NAME FIRST	MIDDLE	LA	51		MONTH DAY YEAR	2b. HOUR
	BABY	FEMALE		GGS	(07-04-81	3:49PM
3.	SEX SEMALE	4 RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN
/ -	FEMALE	BLACK	07	04 81	1	YRS	2 10
25	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COU	MARRIED WIDOWED		9. BALTIMORE CITY OF PRINCE GE	COUNTY OF DEATH	Y MD
74 10	CHEVERLY	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV PRINCE GEOR	E STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		F BUSINESS OR
	UAL RESIDENCE (IF NURSING HOME OF STATE HOLD PG	OR OTHER INSTITUTION, GIVE RESIDEN JNTY 13c. CITY O	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	FATHER'S NAME		OVER HILL	YES NO I	3811 64TH	AVE	
100	FREDERICK	E BRO	AST Land	SHIRLEY	WIDDLE	SUG	
1 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA		17. INFORMANT	ADDRE		42
1 160		VE WAR OR DATES)	Δ	MOTHER 38	11 64TH AVE.	I ANDOVED III	TILC MD
8 shows ony injury, or oth	cause (a), stating the underlying cause last. PART 2: OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT N		20a AUTOPSY?	206. IF YES, WERE FINDING CAUSES	NGS USED 5 OF DEATH?
4	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUP	YES NO	YES TO Y IN ITEM 18, PART 1 OR PART 2)	NO 🗌
1 3	OR CONTRIBUTING CAUSE OF D	EAIN	19				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n county	STATE
			-1	7/4/87 19	death accurred on the do	7/4/. 198/	that (i) (we) last
21 is morke	22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	in	Ճ/ 19, and	mar m (my) (dor) apman			causes stated
If hem 21 is morke		in 7/4/1		EGREE	MEDICAL STAF	FIAN DATE	
ORTANT: If Hem 21 is morke	saw the deceased alive a above, (I) (we) (did) (did r	ayat plusted	han D	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 1 27c. DATE	SIGNED 4/8/
MPORTANT: If Item 21 is marke	saw the deceased alive of above, (1) (we) (did) (did r 27b. SIGNATURE	OR PRINT) A KHA	100 D	EGREE ATTENDING PHYSICIAN 122. ADDRESS DEPT PRINCE GEO METERY OR CREMATORY	MEDICAL STAF	FIAN 122. DATE THE	SIGNED 4/8/ 12 CHIZVE

3:43PM	18			3	CIC 1			YJAB	
2 19				18 40	70		1. 1.10		3 1 2 -4
	Y10/1500	NCE GEORGES	(PR]	(A		MAYLUE
	AVA	N/A		,430H	1-95-60	970,9030	T.) 1195		YJRZVS-L
		EVA HTAR	1135	X	i p	LANDOVER	0.00	PGC	DAINHAI
) h + 1:	U		SHIRLEY		12098	3		'Olympia
.Gr .2.	OVER ATL	H AVE. LAW	111 SeT	7. TT	344	ANA	A	N/	- (V)

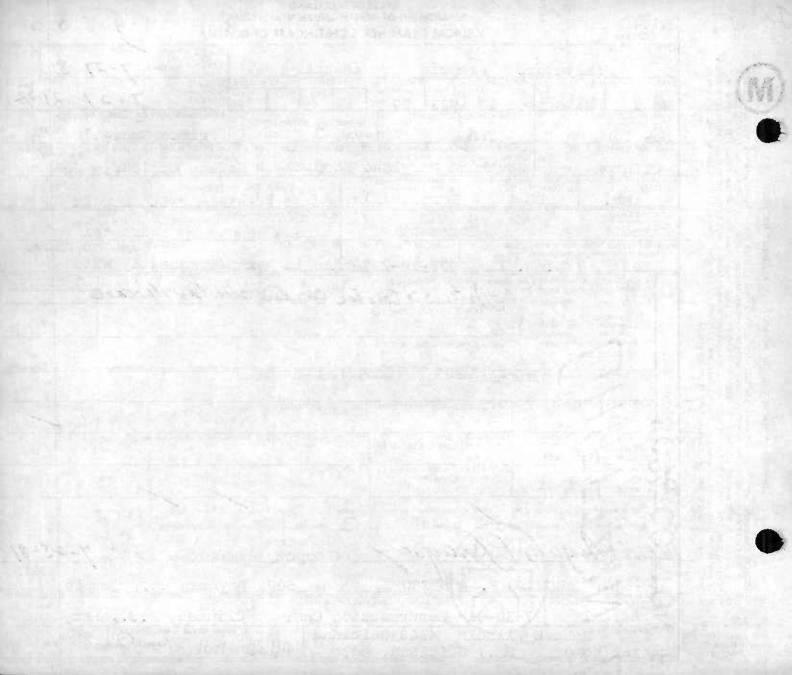
18-31-81 PRINCE CERRE'S CHEVERLY 'RINGE G-DROE'S GENERAL NOSCITAL

White Street Str Internal Line of the property The process of the contract of Topografier the land the state of the s COLORAGE SECTION OF THE PROPERTY AND INSCRIPTION SECTIONS, JULY 1985, AND ADDRESS OF THE PROPERTY OF THE PROPE

And the second of the second o Con 180 Bills or northly they wrom read and the first

CONTRACTOR - JULIAN MALE TO THE STATE OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Francis Salvatore Tomasetti 4 RACE IF UNDER 1 YR. 3 SEX 5. DATE OF BIRTH AGE (IN YEARS TIE UNDER 24 HRS DATE 2d_HOUR LAST BIRTHDAY PRONOUNCED FOR YOUR WITHIN 72 H White DEAD Male 10 1923 57 YRS Dec 7a. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New York Prince George's USA WIDOWED DIVORCED 3 FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Southern Maryland Hospital Safety Officer - GSA 3. RETAIN P. Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PG Forestville Md. YES 615 Merritt Street NO OF-VITAL F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Narchesi Tomasetti James Lena FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESSame as Above DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES Amelia Maria Tomasetti, Wife 075-18-2970 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL-TRANSIT PERMIT. PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) A AS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES P NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: PAGE 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, AUGUSTO RODRIGUEZ Rayburn 5009 ADDRESS 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7-30-81 Burial Resurrection Cem. Clinton, P.G., Maryland 24. FUNERAL DIRECTOR Robt E Wilhelm 250. DATE REC'D. BY REGISTRAR 4308 Suitland 25baREGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 198 Home Rd. Suitland, Md Funeral 15M 7/77



4					STA	E OF MARYLAND			
se for		1.	FOR STATE REGISTRAR	DEPA		FICATE OF DEATH	GIENE 8	1 9 3	5 0
136			CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEAR	2b HOUR
ge 4 mox bby 1		(1Abf	Jose	ph Trinkaus	To	mlinson		7-13-81	10=140
A SEL OD		3. SE		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
ge 4			Male	Caucasian	July		78	YRS.	HOLIS MIN.
Pog.	1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	DV2 8	D NEVER MARRIED X	9 RAITIMORE CITY C	OR COUNTY OF DEATH	
death	15		arvland	U.S. A.	WIDOW		Prince G	enroe	MD.
1	- 1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME		120. USUAL OCCUPAT	ION 12b, KIND O	F BUSINESS OR
40	14	C	heverly	Prince Geor	ge Gei	eral Hosp.	Mechanic		mobile .
d in l		-USU. 13a. S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION	1134 INSIDE CITY LIMITS?		~ 10	litchellville M
fille	55		Pr.	GeorgeMitch			136 STREET ADDRESS	00.04(0)	, outforting
2 sh	1	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N	AME		
olde ond	LOC.	Ch	arles Fult		OB	Norma	WIDDIE	Garn	
S S	T	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO.	17. INFORMANT	ARDR	300 Bushma	
600		((IF YES, G	IVE WAR OR DATES)	6-3896	A. Bestric		akton. Va.	
ers.						J. J. C. G. G. T. L.	- 112232,0	APPROXII	MATE INTERVAL
phys				anly ane cause per line for (a), (b		0.10	- 1 Start	· aus	INSEL AND DEATH
rbor rer			4917 IMMEDIA	ATE CAUSE (0)	TOTAL	Mucard	ial Infarct		
e co		200	Canditians, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	Ave Palmona	- 111		
motic			gave rise to immediate	(b) Ch (l)	- 6057500	CHUE INIMENAN	olcale author	Eng Rivering	
Se re			couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF	or Alexander	alic Cardiovas	.0.27	
plea priol,			PART 2 OTHER SIGNIER AND	CONDITIONS CONTRIBUTING	TO DEATH BU				
to bu		Z	A L L L		•	1 . L. L.	MINAL DISEASE OR CON	DITION GIVEN IN PART TO	
rior no ir	-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICHOPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	IGS USED
ne p	L	문					YES NO	IN CERTIFYING CAUSES	OF DEATH?
Hygie	0	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
l-tro	-		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH					
Mentoi Ar Hem	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P,M. 21e. PLACE OF INJURY	19	211. LOCATION			
and /		WEI		(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
lth o			AT WORK AT WORK		9 0	1 81	N 0 13	- 1-8	
Hen			22a. I certify that (I) (this has	pital) attended the deceased fro		19 <u>0 1</u>	ta day	ote and hour and from the	that (I) (we) last
d fo			obove, (I) (we) (did) (did r	in The land of the death.	Y <u>0 1 0</u> , c		n death occurred an the a	The Land of the land	
Dep t		-	22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STA	220 DATE S	SIGNED
te et			Robert	ferenge 1.	C	PHYSICIAN	DIRECTOR PHYSIC	IAN [4/8/
old be d	1		22d. PHYSICIAN'S NAME (TYPE	DEPRINT)	200	22e ADDRESS	USUAL TIBE		
should with the	1		Frederick 6	. Musser M.C).	4410 745 P	Avenue Hyar	ttsville, M	id.
3 3		23a 8	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	CITY OF POWER	CO. 1811	6.446
200	0		SPECIFY) Burial	7-16-81	Resuri	ection Cem	. Clinton	Pr. Geo	. Md.
OM 2/80			UNERAL DIRECTOR			25e D		MOREGISTRAR'S SIGNAT	URE ,
15, 4)		H	untt Funeral	Home Walder	F. Ma	IN boalvr	2 1 1981	name foundle	nclen

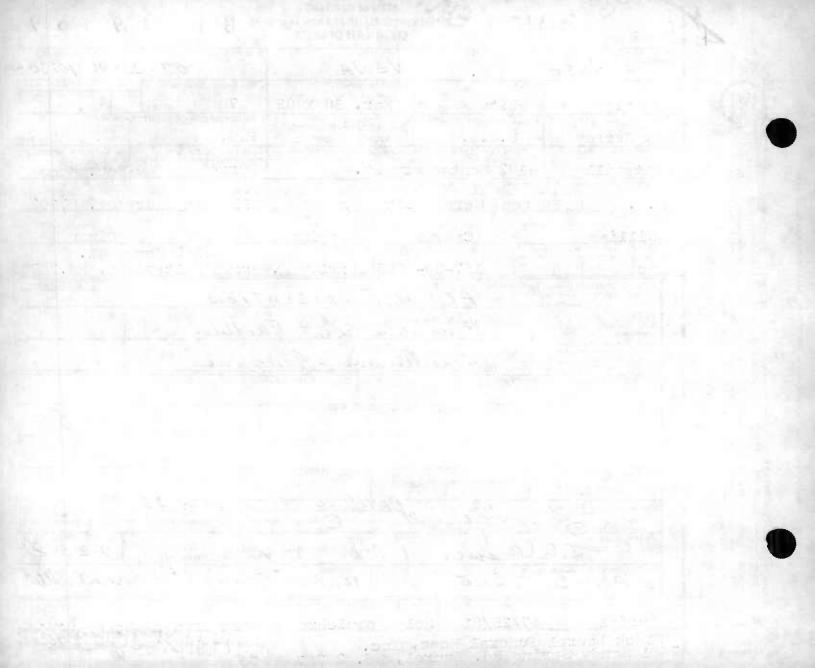
temperature separate tomate To the time and the second of the action of the Buryland and This was a second of the beautiful and the second of the se tilpompaulti - minaciam .comb istroppi poroud annia - virgonia Er. Demroellichnijvile - x remail north north and north and saltant 212-16-1650, destrict tricts, destrict the 1706 549 Hruit - 843 6193 Doriel 1-15-61 | Resorgention Lem. Climbon Pt. Sec. Un. Huntl Congress Home Saldert, Meryland Sha Little of the

	- 1	STATE OF MARYLAND	
10	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 3 6 /	
	1.0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HC	LIP
W-1-49.5		John Melvin Troutman JR. DEATH MATED & 7-12 1981	UK
FIES SOUR	3. SE		M
A 25 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1/	Male Whity DEC18-25 SYRS. HOURS MIN PRONOUNCED 7-12 1981	-
SET TON		BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8.	(4)
芸芸など側が	W	The same of the sa	MD.
SEX#3	10.0	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IZE, KIND OF BUSINESS OR INDUSTRY) OR INDUSTRY	
\$51.90C		aviel 91/2 Sea HAdams Court CARPENTER CONSTRUCTION	×
AANY DELI AANY DELI NND 3 TO RETAIN 9 ECORDS	USU 13a. :	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 130. STREET ADDRESS	
· · · · · · · · · · · · · · · · · · ·	2	MD. P.G.CO. LAUREL YES NO X 9/12 SCOTT ADAMS CT.	
M 1.2	71 14. F	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST	
OF SA PLANT	0 -	JOHN MELY'N TROUTMAN ANN'T MAE MEGAWAN WAS DECEASED EVER IN U.S. ARMED FORCES? 1166. SOCIAL SECURITY NO. 117. INFORMANT. ADDRESS	
AFTER VE PA VE PA 1 FOR 1 GES 1		(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) AUG TEY	
RS A GIV WITH PACE	-	VES W.WI+KORFAN UI8-28-8254 Quality TROUTMAN SAME AS 131 18 CAUSE OF DEATH (Enter only one couse performer (a) (b) and (c)	
ST.,		PART I DEATH WAS CAUSED BY: DETWEEN ONSET AND DE	ATH
PRESTON THIN 24 F SIL IN ITEA LER ALON ANSIT PER AL HYGIEN REMOVAL		4029 IMMEDIATE CAUSE (of CONSEQUENCE OF	_
FR A SEW		Canditions, if any, which	
MIN WILL AND WELL		gave rise to immediate (b)	_
ZOI IN PEXA		lying cause last. (c)	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH III "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1.2. F MEDICAL EXAMINER ALONG WITH FORM PM 3. ED AS A BURIAL - REMAIT PERMIT. PAGES 1 AND 23. HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL IL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ECO BE ENDI WEDI ARTH CRE/	CERTIFICATION	Chylin	
SHOULD OND "PE CHIEF ME USED / TOF HE/	1 S	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROBE CHIE ROBE OF THE CHIE	뉘틟	YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	0
IVISION OF CRITICATE TING THE W PED TO THE 3.3 SHOULD I DEPARTMEN			
ISTO ING TO SHOOT ISTO ISTO ISTO ISTO ISTO ISTO ISTO I	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION	_
S CEI REITH REFERENCE REFE	A.		TE
BIVISION OF VITAL RE THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE REWARDED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C	7	AL TONK	
EXAMPER: CERTIFICATE DUID BE FOR WITH THE S		22a Certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry	
EXAMINE CERTIFICA OLD BE FO DRECTOI MITH THE		death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ,	
CAL EXA THE CER SHOULD SHOULD ATH, WI		SIGNATURE M.D. DEPUTY MEDICAL EXAMINER SIGNED 7-1) Y	1
2	5		
TO MEDICAL E EXECUTE THE C FAGE & SHOU TO FUNERAL BATTIMORE, M	X	(TYPE OR PRINT) Augusto F. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md.	
000000000000000000000000000000000000000	23a.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CULTURE STATE	
BP	74	BURIAL JULY 16, 1981 APLINGTON MATA CEM. ARLINGTON VA. FUNERAL DIRECTOR PARTICIPATION VA. FUNERAL DIRECTOR SURFICION FOR 150 APRIL 1981 APRIL 1	
Jeh DHMH-17	14	NAME ADDRESS LAHREY, MD. HII 1 5 1001 3	
(VR A15 ME (5)) 15M 2/80	EX	ECELANCEL FUNERAL HOTHE, INC. 20107 JUL 1 3 1901 Manu James Jame	

the section of the section of the section of the section of A The Selection of the Some beege Water Series Committee to the Service of the Series of the The state of the s fill froken Cardenter was commentered to

11	X			STATE OF MARYLAND	
The	3	1_	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 6 8
1		1 -	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 0
		I. DE	CEASED NAME FIRST	NOTE:	DAY YEAR 75 HOUR
		(TYI	E OR PRINT)	OF ESTI-	- 0.
	ASE OR URS URS EET	_	Low	ar o	3 198/ M
	PLE FOT STR	3. SE		S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 21 HOUR
	DOUR NO	1	Male White	5-9-15 66 YRS. DEAD 7-25	108/ A M
	CESSARY, VERAL DIR FOR YOU!	7a B	RTHPLACE (STATE OR	75 CITIZEN OF WHAT COUNTRY?	OF DEATH
	S S S S S S S S S S S S S S S S S S S	FC	ONN (4 /Vania	MARRIED NEVER MARRIED Drings (De 16 1	
	S NECESSARY PIEASE F FUNERAL DIRECTOR. 5 S FOR YOUR FILES. W. PRESTON STREET.	10 6	LY OR TOWN OF DEATH	UIS.A. WIDOWED DIVORCED Prince Genylo	MD.
1		,	K	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12) 121. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12) 120. USUAL OCCUPATION (TYPE OF WORK 12)	OR INDUSTRY
	→ C) @ 1170b =	1	30WK	13714 Brunswick Lane Build Sco. OAS US by	on't Petizal
		USU	L RESIDENCE (IF IN HURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	/ /
21201	F ANY E AND 3 SHOULD SHOULD	13a. S	TAKE 1 136 SOUN	13c. CPY OR TOWN. 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS BY UBS IN DECEMBER 120 120 120 120 120 120 120 120 120 120	ich la
21	SHORE SHOW	14.5			1011 200.
WD	PATH.	14. F/	THER'S NAME FIRST	MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 2	LAST
	OEA AND AND EV			Untro con Unkusco	4
BALTIMORE	DURS AFTER DEATH, IF 18. GIVE PAGES 1, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	16a. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	2/
NI N	NE YE		Ves 1935	E-1941 575-18-0863 Widet Mapp Same AC	# 12
BAL	URS AF WITH WITH PAGE DIVISIO			THE PROPERTY OF THE PROPERTY O	APPROXIMATE INTERVAL
2 H	G V S VIII.	SI,	PART I DEATH WAS CAUSE	nly one cause per life for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
Z	N 24 HOL N ITEM 1B ALONG PERMIT. YGIENE, I		1/ A C A IMMEDIA	ATE CAUSE Of Heno pullable abracovasional disease	<u></u>
01:0	ZZYEZZ		7072	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON	THE SER		Conditions, if any, which gove rise to immediate		
3	E A LA L		couse (o) stating the under-		
301 V	UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT OR MENTAL HY(OR REMOVAL)		lying couse last.		
	XECUTED WITHINGS IN PENCIL II. CAL EXAMINER OF BURIAL-TRANSI AND MENTAL HON, OR REMOV.			\ (c)	
SO2	Z A A C E	-	PART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
8	ULD BE EXPENDING EF MEDIC ED AS A HEALTH A CREMATIC	Ó			
82	SE BER	AT	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Z.	0 4	F			YES NO P
>		CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	
0	THE THE STATE OF T		UNDERLYING OR CONTRIBUTING CAUSE OF		
ō	RTIFICATE SIGNATURE SHOULD BE PARTMENT OR TO BURL	0			
DIVISION OF VITAL RECORDS.	8688	MEDICAL	21d, INJURY OCCURRED WHILE IN NOT WHILE IT	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	Y STATE
۵	THIS C WRIT WARD PAGE STATE 1	1	AT WORK AT WORK		
			220. I certity that I took charg	ge of the remains described above, held an Autopsy 🔲, Inspection 🖾, Inquiry 🔼, and in my opini	on
	5 E 8 D - 4		death resulted from: Natu	urol couses (), Accident (), Suicide (), Hamicide (), Undetermined manner (),	
	EXAM CERTI UILD B DIREC WITH	1	~	TITLE (SPECIFY)	7 2 5 61
	THE SOUND THE		SIGNATURE HUGUN	M.D. Deputy MEDICAL EXAMINER SIGNED.	1-25-81
	SEA SEA			/ // /)	
	MEDIC CUTE T SE 4 SI FUNER ER DEA		EXAMINER'S NAME Augus	sto P. Rodríguez, M.D. 5009 Rayburn Ct., Temple Hi	lls, Md.
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	22- 0		ADDRESS	
050	Juahan	(30.8	JRIAL, CREMATION, REMOVAL	- 20-01 11 Le OF STY ORTOWN 1. COUNTY	STATE P
000	/BP		JURIAL	7-28-81 DIAYOUD HOOD MAN PK. HOND/U/U	Hawaii
10	DHMH · 17	24. F	NERAL DIRECTOR	AODRESS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
tch	(VR A15 ME (5)) 15M 7/77	13.	110 . 11	ome 16,000 Annapolis Rd. nd. JUL 3 0 1981	de .
7	.0/11/7/7/	-			The State of the S

E TOWN THAT THAT I WANT OF THE STATE OF Period 18714 Brunswick Lane 1 to 2 of the 12 hours below in a first wines with number 2008 in the case Asia a community of THE THE PERSON OF THE PERSON O TO SEE THE TO SEE THE SEE THE SEE THE SECOND SECOND



N2	1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG	SIENE 8	1	9 3	70
		REGISTRAR				CATE OF DEATH		6. NO.		
41 E #		CEASED NAME FIRST OR PRINT)		NIDDLE		ST	2a DATE OF DEAT	7.1.1		HOUR
9 6			trude	Α.		lsh			W 1981	JUG.M
E	3 SE		4 RACE		5 DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY]		HOURS MIN
Poge (Female	Whi			1893	88	YRS		
1ª 10 1/7	7e Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OFDEATH	
deort de		Wash., D.C.	U.S.		WIDOWE			Pr. Ged		MD.
softer of the state of the stat		Hy.	1922	- La Sa	Alle I	rother institution Carroll Mar Rd.	120 USUAL OCCUP OF WORK FOR MC House	OST OF WORKING LIF	12b. KIND OF INDUSTRY	BUSINESS OR
LAND 2120	13a S	AL RESIDENCE HE NURSING HOLESTATE	NOITUTITSNI RAHTC	GIVE RESIDENCE BEFO 130 CITY OR TOV Wash.,	WN I	13d INSIDE CITY LIMITS? YES NO [13e, STREET ADDRE 4000 -	Mass.	Ave.,	N.W.
¥ ± 52 €	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	I E	1241	
MAR wed w		Harry		Barron		Ellen	Midd	_	oleman	
		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	AC	DRESS	Same a	is
IMORE Se exect on and control or medico		No		579-60	-4247	William B.	Walsh	(Son)	Above	4.14
it., BALTIMORE		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMEDI	only one couse per SED BY. ATE CAUSE (b)	line for (a), (b), a	COR	WARY OC	CLUSION)	APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
PRESTON S ne death cer ne attending smove corba motion, or re		4100		R AS A CONSEQU						
the detremovements		Conditions, if any, which gove rise to immediate	(b)							1000
thot the cose re		underlying cause last	DUE TO, OF	R AS A CONSEOL	JENCE OF					
201 es th ped t pried t		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NITPIRITING TO	DEATH BUT	NOT DELATED TO THE TERM	UNIAL DISEASE OF C	ONDITION GIV	EN IN DART 1	
	Z	TART 2 OTTER STOTAL CALL	CONDITIONS CC	JIVINGO INO IO	DEAMI	TO RELATED TO THE TERM	MINAL DISEASE OR C	ON PION GIV	EIN HAT AKT TIO	
L RECORDS, In low required to the seen significant to the seen significant to the seen so the seen seen prior to the se	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICE	H OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING	
VITAL VITAL VITAL NN. The hysicoce h ronsit p Hygier 18 shov	SR.	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OCCUR			transf.	
SICIAN ng phy certific ricol-treentol H		OR CONTRIBUTING CAUSE OF		M. MONTH	DAY YEAR					
VISION G PHYSI er this ce the buri and Mei	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C		1600	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
DIN OI		22a.1 certify that (I) (this has	spital) attended the			, 19 74	to C	TULYAS	19. th	ot (i) (we) lost
Prit TI		sow the deceased alive above. (1) (we) (did) (did	not view the hody	ofter death	. on	d that in (my) (our) opinion	death accurred on the	ne date and hou	r and from the co	uses stated
ALOR A y the hos RAL DIREC detoched ote Dept. VI: If them		22b SIGNATURE	44	4.4.	ı	PEGREE ATTENDING PHYSICIAN		STAFF YSICIAN [VULY &	GNED 25/98/
HOSPIII pined by FUNER build be th the St		22d PHYSICIAN'S NAME ITYP		KRICHA	MAR	22e ADDRESS	733 AL	TSKA A	LENVE	NW DIE
OT of specific of the specific	23a. !	BURIAL, CREMATION, REMOV				METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	1	Burial	7-28-8	31 F	t. Li	ncoln Cem.	CITT ON TOTAL	wood P	r. Geo.	
Jeh DHMH - 16 50M 1/76	24_ F	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGIST		BAR'S SIGNATUI	Æ
(VR A 15 (4))	Na	lley's F.H.	Inc. M		ier,	Md. JUL	3 0 1981	Trance!	franching !	de-

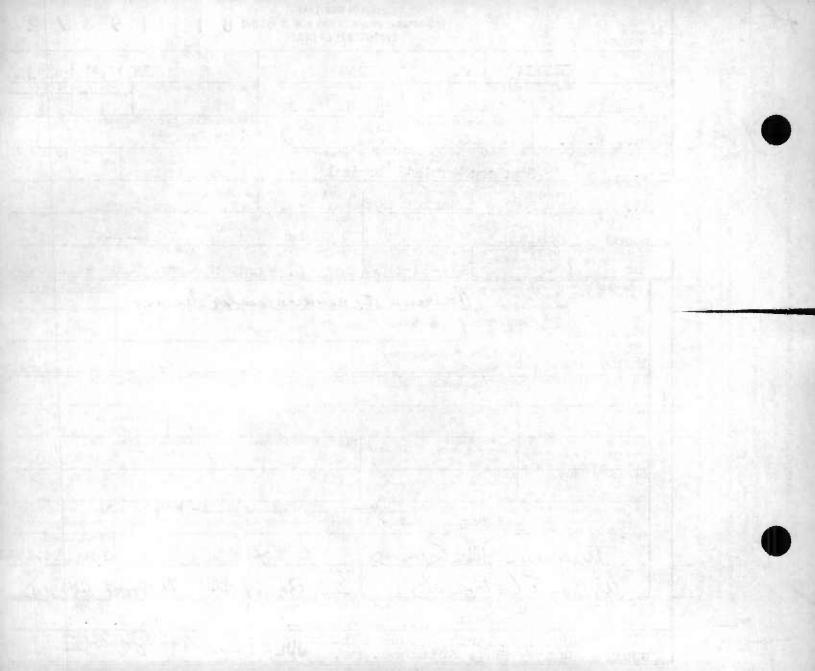
Byada tarai tel . D all 12 . Si limber 172 Bir out an least the state of t Catalogical Dana No. 1881 415 414 Table and the test affects to the Holland Committee of the No.

F.H. 501 RITCHIE HWY.

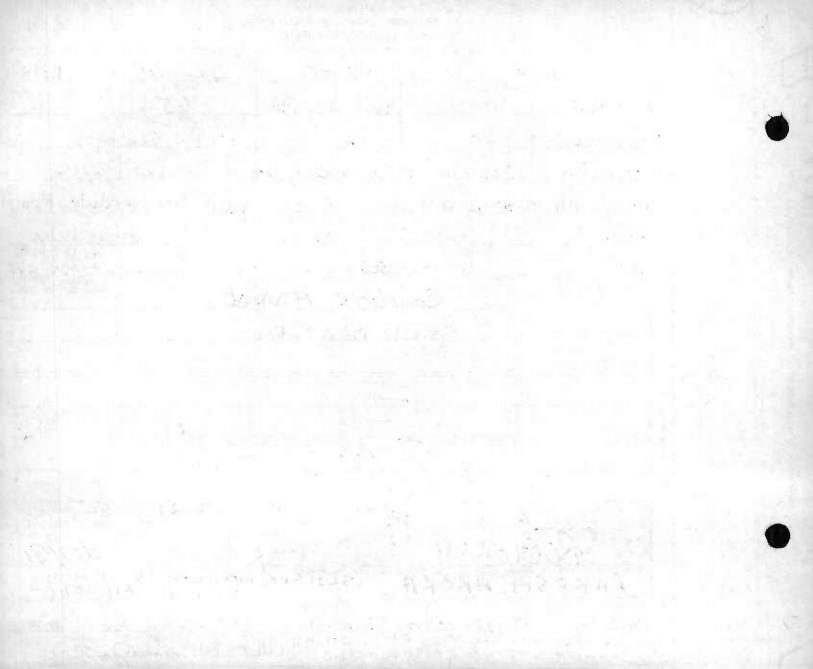
- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TOTAL A THE STATE OF THE STATE The second of th Mark Andrews - Are Translation - And Anna Commence - Anna DAMEL PARTY AREAN PROCES AND AND ARCHOR AND POUR TOUR STORE OF THE CO. DEED TO THE TOTAL CONTRACTOR CONTRACTOR OF THE PARTY OF T The Court of the said the said was and the said the said



	YAME	Mozoka:	i.i.n	BYSYS
		5 1915	ilack 7 josla	Founds
ol segme	A sontag			Maryland Bar
		astimeter:	oitthe minarylan	Clinton Mi.
Hao mo	17025 0:00	10 2 1	अन्त्रं तिभाष	. S. bnslvgs
bring		ad ina	Milton	nIf IN
off lyallang for	notenites.	ar, er en la la la	25-90-503	
1,020		Prilura	Festinator	
+n re	Lisae .slal	the Produc	version for	
.5="	o et vinotades	בלעה לה פדר	AT 141379	
nal corticol atr	rarba n'ao	ethoroselor	Landones , engli	Deshated ned
nai enriiceni aur Uk	deta, edrer	athorosoler	Litera, cerebral	Distance nel
nai enrideni atr	osta, edrer	ethorosolor	Litera, cerebral	Distance nel
nal morticon alt	ogia, edrap	ethoroseler	litens, cerebral	Test nedpised
nal morticon atr	rarbs atap	atheroseler	Litur, cerebral	Sign medalabi
nal merkioni ale		ethorosolor	liting, cerebral	Sign medicated medicated
Te vint 1.			iftens, cerebral	
inton Value 1		7503 Surra		mat1714



		1.	FOR		DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	IFNE R I		9 3	7 5
			STATE REGISTRAR				ICATE OF DEATH	REG. N	10.	, 0	, 4
			OR PRINT)	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONIH DA		26 HOUR
				George	T.		West		7 2		(19:05
		3. SE	X MALE	4. RACE WHITE		S. DATE O	of Birth 1, ⁰ 1893 YEAR	6 AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS
f ance.	97		RTHPLACE (STATE OR FOR	76 CITIZEN OF U.S.A.	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY (OR COUNTY C		
potified	73		ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSI	NG HOME (T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING (IFE) Derator	INDUSTRI.	1 Ordin
must be	35	13a			13c. CITY OR TO	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4217 Kenr			THE
meminer	104		Thomas	MIDDLE	LAST Wes	7 7 111	15. MOTHER'S MAIDEN NAM			vers	ST
medical			VAS DECEASED EVER IN YES, NOOR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16h SOCIAL SEC 058 12		Joan P. Huf		ES:6803	940 Av	
to buriol, cremation, or re liury, or other traumatic e	lory, or other troumatic eve	NO	Conditions, if ony, we gove rise to immed couse (a), stating underlying couse	which diote the lost. (c) DUE TO, C ICANT CONDITIONS C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE	JENCE OF	not related to the term			yen N IN PART 16	
shaws ony in	2	CERTIFICATION	19a DATE OF OPERATIO		ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
ental Hy	9	MEDICAL CER	21g. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOUR A	.M. MONTH [DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
h ond M		MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, PACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
t. of Heolt m 21 is mo				alive on			nd that in (my) (our) opinion o	to 7/29 death accurred on the d	ate and hour a	and from the	
state Dep			226. SIGNATURE By	NO. John	2~			MEDICAL STA	FF CIAN []	7/2	SIGNED 5/81
IMPORTANT:	1		Byra D. J	Johnson, M.	D.		220. ADDRESS 4404 Queens	bury Road	Riverda	ale, M	d. 2073
¥ ¥			BURIAL, CREMATION, RE	MOVAL 23b. DATE 7/27/			emetery or crematory coln Cemetery	23d. LOCATION CITY OF TOWN Brentwo	od Pri	county ince G	eorge M
A 2/80		2417	Hyattsvil	n's Sons Fu	neral, Hgr	ne, P.	A. Z50 DAT	2 8 1981			



easternal lawning I. R. W. Therefore Laboratory I Search School TIDN ball tweet +=--A PENCE Jones P. Churchen (Courtson) Senticol, Mills Park Fr of chinnen, N. C. TETRE DE SERVICION DE L'ANDIEN DE L'ANDIEN

Shedal 2/07/71 M. Lincoln Louetery Numbered States Season Ma.
Francia States Summer Dawn, F. L.
Synthyville, Marching

MIDDLE

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

DHMH-16 30M 2/80

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

30

YES [

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

DAYS

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL

NO [

STATE

2a. DATE OF DEATH

CARRIE G WILLIAMS 07 30 81 4:45AM Transfer (1975) (1971) (1975) (1975) PRINCE CEORGES CHEVERLY PRINCE GEORGES NURSING CARE CENTER TO DAMARO DESCRIP COMMENT COMM DANTEL ARMSS ... CONTEL ARMSS ... CONTEL SET 24 STAR (COMMENT MEDICAL MEDICAL PROPERTY OF THE PROPERTY . a . verse int les CONT. TUBORSTON . OC. L. TORN YOU FITTED ALCOLAND TO A SUA TRANSPORTED TO A TO STATE OF THE PROPERTY OF

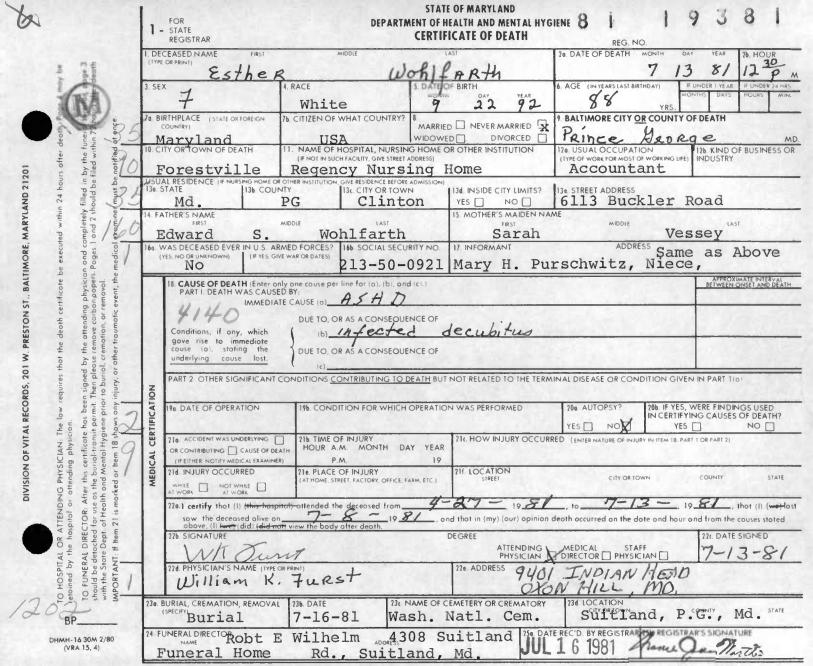
	1	FOR STATE REGISTRAR			DEPARTI		HEALTH AND MENTAL FICATE OF DEATH	IYGIENE 8	REG. N		9 3	1	1
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE	OF DEATH	MONTH	DAY YEAR	2b HO	UR
poge 3	(ITP	E OR PRINT]	LEROY	5500	н,	W:	ILLIAMS	-		07-13	3-81	1:20	P
or po	3 SE	X		4 RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER TYEA		
		Male		Black	k	3	15 OS	76		YRS.	MONTHS DAY	S HOURS	MIN
1019 50-	70. B	IRTHPLACE (STATE OF	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 *** A P.D.10	NEVER MARRIED	9 BALTI	MORE CITY C	R COUNT	Y OF DEATH		
thin thin	N. T. A.	rginia		U.S.	Α.	WIDOW	_		PRINCE	GEORG	SE'S		٨
學 打4	10 0	CHEVERLY	ATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESSI	OR OTHER INSTITUTION	(TYPE OF V	AL OCCUPAT	F WORKING L	IFE) INDUSTR	OF BUSIN	
be file	USU	AL RESIDENCE (IF NU	RSING HOME O	PRINCE R OTHER INSTITUTION	GEORGE S	GENE	RAL HOSPITA	wpera	ating E	ngine	eer.		
tille of the	13a. M	STATE	13b COU	NTY	es Cap H	N	13d. INSIDE CITY LIMITS	? 13. STRE	69th S	treet	,		
d 2 sh	14. F.	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE				
Dud John		Morris			Willia	ms	Lucy		MIDDLE		Wil	liams	3
Poges I		WAS DECEASED EVE		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		105	60+h	Street		
a e		no	(# 123, 011	E WAN ON DAILS	579-05-0	590	Naomi Willi	iams	Cani	tol H	leights	. MD	
al. the		IR CAUSE OF DEA	TH (Enter o	nly one cours no	r line for (a) (b) an	dic			Value	10.1		DXIMATE INTE	RVAL
noval.	100	PART I. DEATH	WAS CAUSE	D BY:	r line for (a), (b), on	1	0 -	- 1-			BETWEE	N ONSET AN	DEA
e e	100	prop of		TE CAUSE (0)	forcas	an-	1 emps	norde					
or o		1385	1)	DUETO	R AS A CONSEQUE	ENCE AL	- I						
nave carb lation, ar fraumatic		Conditions, if on	y which	(Vienne	101	i mediti	-					
fra		gave rise to in		(b)_	OD DO THE	10	-9000			_			
other		couse (a), stat		DUE TO, O	R AS A CONSEQUE	ENCE OF							
or of		underlying cou	se last.	(c)_									
		PART 2. OTHER SIG	SNIFICANT	CONDITIONS CO	ONTRIBUTING 40 I	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CON	DITION GI	VEN IN PART	1(a)	
to bu	Z	Claren	ric !	Sad I	Tor Kri	al	DERRER						
ō >	d Ĕ.	190 DATE OF OPER		10h COND	UTON FOR WHICH	OPERATIO	N WAS PERFORMED	20- 41	JTOPSY?	Tank IF VE	S, WERE FIND	NIOS USE	
	2	THE DATE OF OFER	711011	170. CON	THOR WHICH	OFERATIO	NAS FERFORMED	200. A	310131:	IN CERTI	FYING CAUSE	ES OF DEA	TH?
18 shows	Ē							YES [NOM	Y	ES 🗍	NO [
18 %	CERTIFICATION	210 ACCIDENT WAS U	_	21b. TIME C		ME	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJUI	RY IN ITEM TS,	PART 1 OR PART 2		
tem]		OR CONTRIBUTING		AIII	.M. MONTH DA								
1 12	MEDICAL	(IF EITHER, NOTIFY MED 21d, INJURY OCCU			.M. OF INJURY	19	21f. LOCATION						
dor	NE SE				REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET STREET		CITY OR TOV	VN	COUNTY	S	TATE
r e k	`	AT WORK AT V	VHILE T										
olth and marked		220.1 certify that (ital) attandad th	o deserved from	_	1 -1 -1 10	01	7/	121	10 01		
is .		sow the deced			-/ 2/	8/ 2	ad about a (min) (min) major			1	. 19	, that (I) (,
5 6		obove, MN(we)	(did) (did no	t) view the body	ofter death.	, 0	nd that in (my) (our) opini	an aearn accu	rrea on the a	ore and hat	ur and from th	e couses st	oted
tep!		226. SIGNATURE		0	D //		DEGREE				22c. DAT	E SIGNED	
- u			1	1-3-6	- au	1	1 D ATTENDING	MEDIC	AL STAI	F	17/	13/8	71
IMPORTANT	-	22d. PHYSICIAN'S	LA SAF					DIRECTO	OR PHYSIC	IAN		10/0	/
ATA I		ZZG. PHYSICIAN ST	AME (TYPE C	OR PRINT)	119-11-11		27e ADDRESS	. 01 0	AND CD				
0		JASV	INDER	S. SIDE	U. M.D.		4700 AUTH	PL. C	AMP SPI	RINGS	, MD.		
₹-	230	BURIAL, CREMATION				JAME OF C	EMETERY OR CREMATOR	234 10	CATION				
2		SPECIFY) Buria						7 11 15	TY OR TOWN	me of	LOUNDE SE	11	ATE:
_				outh I	7, 1981 I	ort .	incoln	Br	htwoo	77	HOE G	idrae.	9.
/73	24_F	UNERAL DIRECTOR	ROLLIN	IS FUNE	RAL HOW	IE, TIV	250. D	ATE REC'D. B	Y REGISTRAR	25b. REG15	TRAR'S SIGNA	ATURE	
		INAME	42	TIMILL OF	DI ACE N	F				19	0	on.	

SECRG: 12	ERAL HOSFITAL		
	17 FIUN 6074	S. SIXU, M.	ECMINS D

LAT	1					MARYLAND					
10	1 - STATE					H AND MENTAL	75		9	3/	9
	REGISTI		MI	MIDDLE	AMINEK'S	CERTIFICATE		REG. NO			
	1. DECEASED	1		MIDDLE	11/1/11	LAST	OF	E KNOWN ESTI-	MONTH	DAY YEAR	76 HOUR
20235		7am		Z .		ams		H MATED	1-1	12 1981	PM
	Make	White	DATE OF BIRTH	4-03	GE (IN YEARS IF U AST BIRTHDAY) MON 7 7 YRS.		MIN PRONO	UNCED AD	7-/3	2 19 8/	24 HOUR
DESCRIPTION OF	70. BIRTHPLA	CE (STATE OR	76. CITIZEN OF V	THE COUNTRY	? 8. MAR	RIED NEVER MAR	RRIED 9. BAL	IMORE CITY O		TY OF DEATH	
五名 2 2 2 2 4 4 C	Alaba		U.S.A			WED DIVO	RCED	Ince	(700	rges	MD.
SI YANG PER OC	Camy	Springs	5 2 0 2	Spring	9 Wood	Drive	Cárpen		E OF WORK	or indust Constri	isiness actio
21201 IF ANY DELA 3. RETAIN TO 3. RETAIN TO 5. AND 3 TO 5. AND 3 TO 5. AND 3 TO 5. AND 3 TO 5. AND 5.	USUAL RESIDERS STATE	Land 13b. COU	E OR OTHER INSTITUTION, ONLY	Sprin	TOWN	13d. INSIDE CITY LIMITS? YES NO		RESS pringv	vood	Drive	
MD. 3	14. FATHER'S Henr		iams	LAST		15. MOTHER'S MAI	DEN NAME i Norris	WIDDLE		LAST	
AFTER PAPER		EASED EVER IN U.S. A			SECURITY NO. 3-8768	Betty :	J. Coyle	60075 Clint	Runi	nymead	20735
ST., HOLA 18	18 CA PA	USE OF DEATH (Enter of I DEATH WAS CAUS	enly one couse per le ED BY: ATE CAUSE (a)		1 . 4 1	round o	t the h	eal		APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
AL AL	Co	nditions, if any, which ve gise to immedia	h	R"AS A CONSEG	QUENCE OF	/				130	
TW.	co	use (a) stating the <u>under</u> ng couse last.		R AS A CONSEC	QUENCE OF						
IL RECORDS, 30 DULD BE EXECUT "PENDING" IN IF MEDICAL E SSED AS A BURR F HEALTH AND / CREMATION, O		THER SIGNIFICANT CONDITION		H BUT NOT RELATED T	O THE TERMINAL DISE	SE OR CONDITION GIVEN IN	PART 1 (a).	PAUE.			
OF VITAL RECORDS, ATE SHOULD BE EXER E WORD "PEDDING" THE CHIEF MEDICA! TO HE CHIEF AEDICA! TO FEMENT OF HEATTH AN	19a. DA	TE OF OPERATION	19b. CONE	ITION FOR WHI	CH OPERATION '	WAS PERFORMED?			11.7	20 AUTOPSY	NO P
VISION OF VITAL CERTIFICATE SHOUTING THE WORD "PED TO THE CHIE 3 SHOULD BE USE BEPRATMENT OF PRIOR FOR BUSING OF THE CHIE 10 SHOULD BE USE 10	UNDER	TERNAL CAUSE WAS LYING OR BUTING CAUSE O		M. MONTH DA	Y YEAR 216.1	ell-in	110 ind	INJURY IN ITEM 18 F	PART 1 OR PA		110 [2]
		URY OCCURRED NOT WHILE	21e. PLACE		т номе, 211. Ц	STREET OF SIN	CHYOM	IOWN A	со	UNITY A	ATATE
R: TH TE, V ORW. R: PA E: STA	AT WC	I certify that I took cha	rge of the remains d	escribed Voove, I	100		tion Inqui	ry . on	d in myo	pinian The	peng
EXAMINE CERTIFICA CERTIFICA DID BE FO DIRECTOR WITH THE ARYLAND,	deoth	resulted from: Not	ural coures ,	Accident	, Suicide	Homicide TIME (SPECIFY)	Undetermined	monner .			· ·
CALE) THE CI THE CI SHOULI SRAL DI SATH, V	ACTUA SIGNA	TURE / / TOTAL	STOP ROM	HOUSE !	5	M.D. K puty	MEDICAL EX	AMINER	DATE	7-12	-81
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TI BAITMORE, MARYLANI		NER'S NAME 5009		D 2003		_ADDRESS					
1101	B1	remation, removal arial	15, 198	1 Res		ion Cemet		nton	P. (G. MI	TATE
DHMH-17 20M 1/73 (VR A15 ME (5)663	3 OTA	DIRECTOR Lee Alexande	r Ferry	Road,	Clinton	n, MD	1 6 1981	RAR PREGI	ISTRAR'S S	Martha	

16 South The mill High - 15 The state of the s Service Rath-ED-Riz The same to the first of the The state of the state of the The thirty of the same of the same of the same that the same of th Bar Such as all al little and all to be been such as the bar of the second

V	~	١,	FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG	SIENE R I	9 3 8 0
0	90	L	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAS1		DAY YEAR 26 HOUR
	3 35	(117	Laura		WINDON	July 27	1981 6:50p M
	I M	3 SE	х ·	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	i (M)		Female	White	1-27-1898	83 YRS.	MONTHS DAYS HOURS MIN,
	. WHE	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	De 11 20		U.S.A.	U.S.A.	WIDOWED DIVORCED	Prince George	
	1 11 300	14. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR INDUSTRY
201	1 105		Lanham	Doctors' Hospita	al of Pr. Geo. Co.	Housewife	
ND 21	Salar Salar	13a	STATE 136. COUN	other institution, give residence before 13c. CITY or town nce George, Sea	N 138. INSIDE CITY LIMITS?	13ª STREET ADDRESS 9815 Goodluc	k
3.5	4 42 4	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
MAS	2 41/200		Frank	- Hannifar	catherin	ne (U	nknown)
IMORE.	Pages 1		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU 215-38		Seabroo s Windon, 9613	k, Md. Wellington St.
ESTON ST., BALT	death certificate to otherwise physicia the carbon papers from a removal cumofic event, the		1991 Canditions, if any, which	DBY: DE CAUSE (a) METASTA DUE TO, OR AS A CONSEQUE (b) PRIMA	THE CHREINOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Z M ONTHS
101 W. PR	of by the please removal. Common or other to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			
ORDS, 7	en sign Then p or to bor	NON			<u>BEATH</u> BUT NOT RELATED TO THE TERM		
AL REC	he low	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
DF VII	CIAN physic entificati igl-trans mental flyg hem 18 st	A	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART 1 OR PART 2)
IVISION	offer this is the but in the but	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	231. LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	TTENDIP pital or TOR: At for use of of Health		22a. I certify that (I) (the haspings saw the deceased alive an abave, (I) (we) (did) (did na	tal) attended the deceased from	19.73 21, and that in (my) (===) opinion	death accurred an the date and have	19 , that (I) (ms) last r and from the causes stated
•	TAL OR A yy the hosy RAL DIREC detoched tote Dipt. NT. If Nem		Freu (Hua M		MEDICAL STAFF DIRECTOR PHYSICIAN	7-28-81
	TO FUNE MADORTA		JOHN C	OSMA, M.P.	14300 CAL	LANT FOX LA	BOWIE, MD
	405		BURIAL, CREMATION, REMOVAL (SPECIFY)		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
ZI	BP	01.5	Burial	7-30-81 Par	csons Cemetery		Md. Wicomico
The DI	HMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. RECIS	RAR'S SIGNATURE
	(10, 4)		Holloway Fun	eral Home P.A.	Salisbury Md.	AUG 3 1981 AL	our fastlen

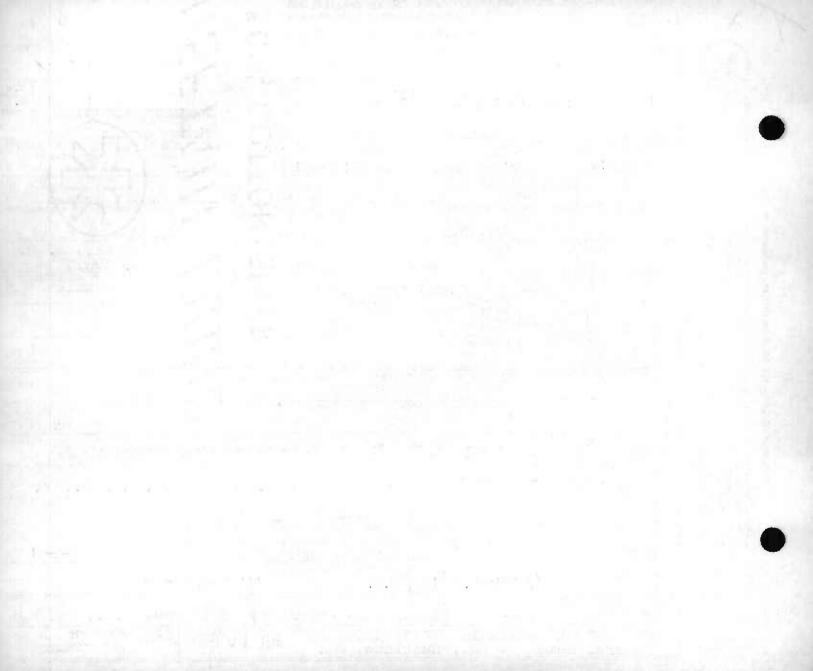


사람들이 가게 되었는데 그 아이들이 그 사람이 없었다. 그리는 사는지 그 그 의원 받는데

Religion for the form	1-	FOR STATE REGISTRAR	mina luffer DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES	19	3 8 2
War then winger		CEASED NAME FIRST OR PRINT) WALTE	CR ANTHONY	WOO	D ·	JULY 31,19	MONTH DAY	YEAR 26 HOUR 3 AM
ge 4 III		ALE	WHITE	S DATE C	1 30°, 192°9°	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDI	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
Deoth Po		RTHPLACE (STATE OR FOREIGN aryland	U.S.A.	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED TO DIVORCED	Prince Ge	eorges	MD
201	L	ty or town of Death aurel	11. NAME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING LIFE) 126	KIND OF BUSINESS OR
in 24 hou in 24 hou shou the committee	M	aryland Pri	ROTHER INSTITUTION, GIVE RESIDENCE BEFUNTY INCE Geo. Laurel	ORE ADMISSION)	YES 🔼 NO 🗌	13. STREET ADDRESS 4 Woodland		Apt 203
MARY pmpletel ond 2	114 FA	Walter	H. Wood		15 MOTHER'S MAIDEN NA/ Hester	WIDDLE	Ande	erson
IIMORE,	16a. W	(IF YES, GI	ARMED FORCES? 166 SOCIAL SECULAR SOC		Marvin C. Wo	od Same a		Brother)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the ording physician. The low requires that the other death certificate be executed within 24 hours then this certificate has been signed by the otherding physician and completely full on the buriol-transit permit. Then please remove corbonoppers. Pages 1 and 2 should the nord Mental Hygiene prior to buriol, cremation, or removal. orked or Item 18 shows any injury, or other traumotic event, the medical according to the property or the complete of the property.		PART I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE IMMEDIA Governise to immediate cause on, stating the underlying cause lost.	anly one couse per line for (o), (b), of SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEO (c)	UENCE OF	levis			APPROXIMATE INTERVAT BETWEEN ONSET AND DEATH
AL RECORDS, 20 he low requires on. hos been signee t permit. Then pl tene prior to burit ows ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT RECENT 190 DATE OF OPERATION 7/29/81	0/	my	WAS PERFORMED	INAL DISEASE OR CONICE AND AUTOPSY? YES NOW	20b. IF YES, WERI	PART 110 E FINDINGS USED CAUSES OF DEATH? NO
VISION OF VITA G PHYSICIAN: T oftending physici er this certificate s the burial-transi ond Mental Hygi ked or frem 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF INJUR		(PART 2)
OR ATTENDO he hospital or DIRECTOR, A oched for use Oppi. of Heal		22a. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r 22b. SKNATURE	Amach	F. on		, ta 7 - J death accurred on the do	ate and hour and f	that (I) (we) last rom the couses stated C. DAJE SIGNED
TO HOSPITAL genined by th TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NAME (TYPE	A: MAR LEMM	1,ma	34 JE FORT M	ente Kol.	LAURE	ef, Mo.
BP	230 B	URIAL, CREMATION, REMOVA Burial			oln Cemetery	23d LOCATION CITY OR TOWN Brentwoo	d P. Gunt	Maryland
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	Pancis Gasch's		bme, P.	A. 355AG	ROC'D. BY BEO I TRAK	BURESTON	STONARURELL

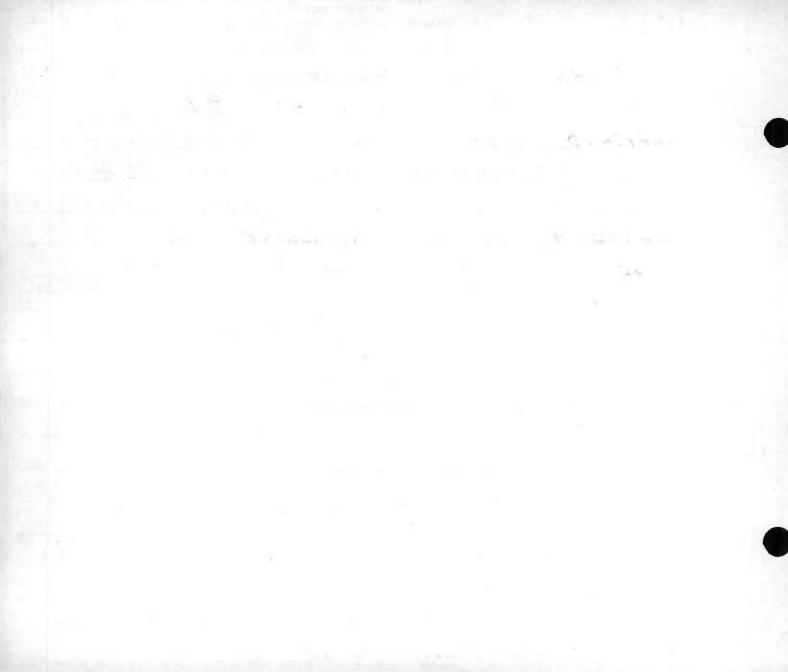
I are and reince Leo. Lanner BoserobnA Construent at an arms to home 88. 14 Pl Lineals Stantony Breatwood L.D. Francia Carebis Door Fuceral long. 14.1:

9	2,	1-	FOR STATE REGISTRAR	a-cca rii		DEPART	MENT OF	HEALTH	AND M	ENTAL H			REG. NO	9	3	8	3
			CÉASED NAME PE OR PRINT)	Zura	an	MIDDLE			uast Wu		26	DATE KI OF DEATH A		X MONTH		YEAR 19 81	2b HOUR
	ON SHEET		le	Oriental	5. DATE OF BIRTH	1942	6. AGE (IN YE.	MONTH		IF UNDER		C DATE RONOUNC DEAD	ED	MONTH 7	DAY	YEAR 19 8 I	TO:50
•	FUNERAL S FOR S FOR W PREST	Ch	RTHPLACE (ST. PREIGN COUNTRY)		76. CITIZEN OF W	na		WIDOW		DIVORCE	ED 📖 !	BALTIMO Prince	_	-		DEATH	MD
	PAGE FILED		Chever!	У	11. NAME OF HO (IF NOT IN SUCH F Prince (acility, give s George	reet address)	eral			FOR MC	inee	NG LIFE!	OF WORK	126. KII	ND OF BU R INDUSTR	SINESS
.21201	AND 3 RETAIN PRECORE	13a. S	TATE Md	IF IN NURSING HOME OF 13b. COUNT		13c. CITY	or town		13d. INSIDE (I	NO [13e STREE		5	bia	Ave	enue	
RE. MD.	SES 1, 2, 3 A PM 3 A PM 3 A PM 2 S		ATHER'S NAME FIRST		MIDDLE Unkn		LAST			R'S MAIDE	NNAME	MIDI	Pei-	Wen		LAST	
BALTIMORE	URS AFTER DEATH. IF ANY DELAY IS IN B. GIVE PAGES 1, 2, AND 3 TO THE FINWITH FORM PM 3. RETAIN PAGE 5. T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF WITALRECORDS, 201 M.	16a. V (Y	NO. OR UNKNOV	, , , , , , , , , , , , , , , , , , , ,	VAR OR DATES)	No	ne security	NO.	17. INFORM	Qin	de,		ADDRESS	Was	sh.,	D.	C.
201 W. PRESTON ST.,	HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WRITING THE WORD "PENDING" IN PENCIL IN TIEM 18. ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAGES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISCOPLING TO BURIAL, CREMATION, OR REMOVAL.		Condition gove rise couse (o) lying cous	s, if ony, which to immediate stating the under-	E CAUSE (o) DUE TO, OR (b) DUE TO, OR	AS A CON	In Jury ISEQUENCE O	DF DF							AF BETV	PPROXIMATE VEEN ONSET	INTERVAL AND DEATH
TAL RECORDS,	HIEF MEDICAL M	CERTIFICATION	19a. DATE OF				WHICH OPER				T 1 (a).					UTOPSY?	
DIVISION OF VITAL	TIFICATE SHOOT TO THE CI	MEDICAL CERTI	216 EXTERNAL UNDERLYING CONTRIBUTIN 21d INJURY O	OR CAUSE OF D	EATH "	MONTH	19	l st	w injury ruck						RT 2)	ES 🔀	NO 🗌
DIVIS	THIS CER WARDED WARDED PAGE 3 STATE DEF	MED		NOT WHILE AT WORK	STREET FACE	TORY, FARM, ET		450	REET Kno	m Rd.	Coli	ege F	ark,	P.G°	Co	., Md	STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		22a I certify deoth resulted ACTUAL SIGNATURE	that I took charge d from: Natura	of the remains devolutions devolutions of the remains devolutions of the second	Accident		Autops	Homica TITLE (SF	Inspection ide X. PECIFY)	Undeterr	Inquiry I	ner .	DATE SIGNE		7-2-8	31
	TO MEDIC EXECUTE PAGE 4 S TO FUNE NFTER DE		EXAMINER'S N (TYPE OR PRIN	T) V I	rginia L				ADDRESS_		III Pe	enn S					
7/22	BP	(S	remati	LON 7	7-8-81	Ce	dar H	ill	Crem	ator		üĭtl					TE
	DHMH - 17 (VR A15 ME (5)) 15M 2/80		Funera	Robt E	Wilhela Rd	n 4	308 S	uit]	land' 1d.	JUL	10	1981 ^{ar}	258 AGIS		de /	arch	



the second literature of the second of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS WES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Ulen IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NOF YES [NO M Sho Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS PM 20 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE morked NOT WHILE AT WORK 22a L certify that (1) (this hospital) offended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an __ 2 obove, (1) (we) (did) (did not) view the body ofter death Dept 776 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING. STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS anid b showing with 1 731 NAME OF CEMETERY OR CREMATORY 230 BURIAN, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY STATE Resurrection com 24 FUNERAL DIRECTOR 75a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH-16 20M** Bunkoughs Hire (VRA 15, 4) 7/78



	tems #1	8a-22	a Film	G558 8		Blrc STA				IYGI EN I	E		1	9	3	8	5
	REGISTRAR			MI		EXAMI	NER'S	ERTIFI	CATE	OF DEA	TH '	REG	. NO.				
	DECEASED NAA		FIRST	Your	MIDDLE			LAST		2	OF	KNOWN ESTI-		NONTH	DAY	YEAR O 1	2b. HOUR
1 2	SEX	4. RACE	Ronald	DATE OF BIRTH	Phil	6 AGE (IN)		Oung	IF UNDER	24 UDS 2		H MATED		7 ONTH	DAY	9 81	A HOUE
	Male	Whit		MONTH DAY	YEAR	LAST BIRTH	DAY) MONTH		Hours		PRONOL DEA	JNCED		7		19 81	2d HOUT
	BIRTHPLACE (1	7E	. CITIZEN OF V	WHAT COU	NTRY?	B. MARR	IED XN	EVER MARR	IED []	9. BALTI	MORE CIT	Y OR C	OUNT			
7 10	Mary		и и	U.S.	A.	IDEING HOL	WIDOW		DIVORC			Ce Ge				nty D OF BU	MD
+		verly			FACILITY, GIVE	STREET ADDRESS				FOR M	QST OF W	ORKING LIFE)				INDUST	
5 130	Md.	(IF IN NURSI	IL COUNTY	Geo.	GIVE RESIDENCE GIT	Y OR TOWN	ion)	13d INSIDE	(ITY LIMITS?	130 STRE	ET ADD	RESS Hano	ver	Pk	Wy	D-	1
H	Phill		A	MODLE	V	ou ng			ER'S MAID	EN NAME		MIDDLE			Flo	AST	
1 16	a WAS DECEAS		III S A DAACI	E,		OU ng	TV NIO	17. INFOR	Tfri	ece		30A4R	ell a	nha			
	YES NO, OR UNKN	IOMN) (I	IF YES GIVE WAI	rordates)		7-46-		100	Hip	You		Bow				La,	
F	18 CAUSE	OF DEATH	(Enter only o	one cause per lin	ne for (a), (l	b), and (c).) t cere	nnal :	infor	ot						BETWI	ROXIMATE	INTERVAL
	112		MMEDIATE	CAUSE (a)				IIIIai	CU								
	Conditu	ans, if any	y, which	DUE TO, C		NSEQUENCE t midd		rebra	l art	ery th	hrom	bosis	5				
		rise to in		(b)		NSEQUENCE										-	
	lying co	ouse last		(c)													
,		SIGNIFICANT C	CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT RE	LATEO TO THE TEL	MINAL OISEASI	E OR CONDITI	ON GIVEN IN PA	IRT T (a).							**
- 1	190 DATE O	F OPERATI	ION	TI96 COND	DITION FOR	WHICH OPE	RATION W	'AS PERFO	RMED?					-	120 AL	JTOPSY'	?
1 3	Ž.					and .										KXX a	NO 🗆
3	21e. EXTERN UNDERLYIN CONTRIBUT	G OR			M. MONTH	DAY YEA	21c. HO	OW INJUR	Y OCCURRI	D (ENTER N	ATURE OF	INJURY IN ITE	M IB PART	1 OR PAR			
10200	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	OCCUPPE	D	21e PLACE	E OF INJUR	Y (AT HOME.		CATION			CITY OR 1	IOWN	-	cou	NIY		STATE
	22 e . I cer	tify that I to	ook charge o	if the remains d	^		Autop		Inspection		Inquir	-	and in	ту арі	inian		
	death resul	Ited from:	Natural	couses [].	Actident	7 1	uicide		SPECIFY)	Undete	rmined i	manner [₩,				
	ACTUAL SIGNATURE	(11	Tron	11/	my,			ty Ch	efMEDI	CALEXA	AMINER		DATE	0	7/5/	/81
2	EXAMINER'S	S NAME	Thoma	as D. Sn	nith.	M.D.		ADDRESS.	111			Balt	0	MD.			
23	Burial, CREMA	ATION, REA	MOVAL 23b		23c.	NAME OF CI	METERY O	RCREMAT	ORY _	23d. LO	ČATION			COUN		Vä	ATE
24	. FUNERAL DIRE	CTOR B	eall	All the second second	al Ho	me				REC'D. BY	REGISTI	RAR 256 1	EGISTR		GNAL		-
		0,00	U Ann	aports	s IVO,	DOW	, ,		9	アイ	198	11 63	as decides	0		an Yes	

1. 12. 52 . 29 .

anef mak

Electricion

Mc. Pr. Geo. Greenbelt 700k Hanover Play Del

Phillip E. Young Elfriece Flor 3014 Tambark Lu

Yes Vietnam 217-46-4294 Phillip Young Bowie, Mc.

000

urial 7-3-0 Arlington Mational Arlington Seell Funeral cone

13					STA	TE OF MARYLAND		
A	5		FOR		DEPARTMENT OF I	HEALTH AND MENTAL	HYGIENE	9 5 8 /
		1 -	STATE REGISTRAR	ME	DICAL EXAMIN	ER'S CERTIFICATE	OF DEATH	
		1 05			MIDDLE	ER 3 CERTIFICATE	REG. NO.	
			CEASED NAME FIRST		WIDDLE	LAST	OF ESTI-	MONTH DAY YEAR 26. HOUR
	- S S S F F		CTEVE		М.	Young	DEATH MATED	7 6 1981 M
	CTOR. FILES. HOURS TREET,	3. SE.	STEVE	S DATE OF BIRTH			ER 24 HRS. 2c. DATE	
	E 0 E F F			MONTH DAY	YEAR LAST BIRTHDA		MIN. PRONOUNCED	119 20 9
	* 000 8 8 M		Male Negro	MAR. 18-1	1948 33 YR	S.	DEAD	7 7 1981 DM
	SHEERINA	7a. B	RTHPLACE (STATE OR	76 CITIZEN OF WI	HAT COUNTRY?	8.	9. BALTIMORE CITY OR	
	発音なる音	FC	REIGN COUNTRY)	1,0	1	MARRIED NEVER MAI	RRIED U	,
	A50.7 T	-	Na.	Visi	H	WIDOWED L DIVO		GEORGES MD.
	240 E2-1	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOME	, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF	F WORK 12b. KIND OF BUSINESS OR INDUSTRY
	309年14	1	on U-F Md.			eral Hospital	/	
	B-678 -	USU	RESIDENCE (IF IN NURSING HOME O	Prince G	eorge's Gen	eral Hospital	VAPLIOR	MAINTINANCE
5	Z C C C C C C C C C C C C C C C C C C C		TATE / 136 COUN	TY	13c. CITY OR TOWN	134 INSIDE CITYLIMITS?	13e. STREET ADDRESS	,
2120	43404		md. P.C	1.1.	CAP. HCTS			· md,
	H. 2.2.3.3.2.2.3.3.2.2.3.3.3.3.3.3.3.3.3.	14. F	ATHER'S NAME	2.0		IS. MOTHER'S MA	THE THE THE THE THE	7714
MD		-	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
wi.			oseph yo	UNG		SETT	, lu	AUGh
Ö	~ ~ ~ ~	16a. \	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY	NO. IT. INFORMANT	ADDRESS	
3	LE FE	17	YES, ON OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	577-64-11	60 BETTY	YOUNG-4222 RA	6-
BALTIMORI	URS AFTER B. GIVE PA WITH FO VITH FO DIVISION					or Dell	JOUNG- HILL NA	
:		-	18. CAUSE OF DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST	24 HOU ITEM 18 LONG PERMIT. GIENE, I	113	PART I DEATH WAS CAUSE	TE CALISE (a) S	hotgun woun	d of the head		
PRESTON	SECOND SECOND	100	9.551 IMMEDIA		AS A CONSEQUENCE O			
SI		- 5	Canditians, if any, which	DOE TO, OK	AS A CONSEQUENCE (
~	VITHIN CIL IN NER A ANSIT AOVAI		gave rise to immediate	(b)				
*	N N N N N N N N N N N N N N N N N N N		cause (a) stating the under-	DUE TO, OR	AS A CONSEQUENCE O	OF .		
301	F-X435	100	lying cause last.					
	EXECUTOR IN TORY OF THE PROPERTY OF THE PROPER			(c)				
DS			PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
Ö	MEDING MEDING AS A ALTH A	S						
E	7 8 " O # 8 -	Ē	19a. DATE OF OPERATION	TIPE CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
AL	SHOU CHIEF OF H	5			THE THE THE THE TEXT	ATION WAS I EN ORMED,		
=	SHO SHO SHO	- E	Land to the State of the State					YES NO XX
OF VITAL RECORDS,	CERTIFICATE SHO TING THE WORD DED TO THE CHIE 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING AOOR	216. TIME OF	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
ž	THE OUL		UNDERLYING AOR				h him-ole	
0	SHO AR	2	CONTRIBUTING CAUSE OF		. 7 6 1981 DEINJURY (ATHOME.	subject shot	r urmseri	
NOISIAI	RITING RDED T RDED T SE 3 SH E DEPAI	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE Y	STREET FACE	TORY FARM FIC)		CITY OF TOWN	COUNTY
0	ARD SE	~	WHILE AT WORK	home	TORY, FARM, ETC.)	4724 Heath	Street Capital H	leights. P.G. Md
	E, WRIT RWARD PAGE STATE (THE WORK					
	8 E O		22a. I certify that I taak charg	e of the remains des			tian 🗓 , Inquiry 🔼 , and i	n my apinian
	MINE FFCA BE FC CTOR H THE AND,		death resulted from: Natur	al causes ,	Accident . Sui	cide Hamicide	· Undetermined manner,	
	AE BEE		,	00				
	A S S S S S S S S S S S S S S S S S S S		ACTUAL	· XX	1. wel	TITLE (SPECIFY)		DATE 7/9/97
	AH PAH	1	SIGNATURE FLEGUES	x 1. 7.000	agery	M.D. Deputy	MEDICAL EXAMINER	DATE 7/8/81
	S S S S S S S S S S S S S S S S S S S		1		// 0			
	MEDI CUTE CUTE FUNE FINO TIMO	-	(TYPE OR PRINT) Augus	to P. Rod	Miguez, M.D	ADDRESS 5009	Rayburn Ct., Temp	ole Hills. Md.
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	22- 0						
40	11.136	230.B	URIAL, CREMATION, REMOVAL	JO DATE	/ A . A	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
ten	BPLCOO	100	BURIAL E	ULV 11-198	1 HARMON	Y MEM. PK.	HIGHLAND 1	PK. Md.
	DHMH - 17	24. F	UNERAL DIRECTOR	1	4925 21 .4.1	BORROUGHS 250. DAT		RAR'S SIGNATURE
	(VR A15 ME (5))	11	NAME Chilado more	ADDRESS	11	0 - 10111	1 5 1991	1 9 71
	T5M 7/77	HI	JUMMINGION &	DNS	AVE. N.E	- AAL	T 9 1301	3cm
		1.5						

STEVEN STEVEN TE WAY AND A STATE OF THE STATE Television of the first the state of the sta SEMINATE THE STATE OF THE STATE The seid rotteer the historic The civil attended for the court of the civil and the civi AND THE RESERVE AND ADDRESS OF THE PARTY OF . DV . william I. would be good and good and the state of the beauty of managers of the state, and St. On Survey of the Parties of the

Chapter & having all and a man law the comme

6160 Oxon Hill Rd. Oxon Hill. Md.

ind: 21, 1 dl 11:20	folwors in	nli fasi	lo kil
	98 EGGI 'TT	white	0 f.st
sauroe ear.		4.3.1	on.i.
le orien	ital .com Eggina	Southern Marrians	C7.1 m con
tensiles Street	72	าไว้เทรที่ระหา ตากกอ	in in in
muror-	Entlin	dožwar siyot.	Tablesta []
725 Tangallon pr.	Musell M. sorieto	1151-11-551	61"
.atan Jaccost Hate.	WATELEY 1068	I was a first	,
O T we+	rmata di sise	7/00/81 coir Order Research and	T = 2min